

Surrey Health and Social Care

SURREY-WIDE COMMISSIONING COMMITTEES IN COMMON

AGENDA

This meeting will be webcast live via the Surrey County Council website via: <https://surreycc.public-i.tv/core/portal/webcasts> with the agenda, papers and minutes being published on the Surrey County Council website.

Questions from the public are welcome and should be emailed to the Team in advance of the meeting so a response can be provided, via: syheartlandsccg.governance@nhs.net

Committees in Common between the following organisations:

NHS Frimley CCG	✓
NHS Surrey Heartlands CCG	✓
Surrey County Council	✓

Date	Wednesday 24 November 2021	Time	10:00 – 10:45
Venue	Virtual meeting/ Woodhatch Place, Reigate (Surrey County Council)		

Members/ Attendees:

Name	Title/ Role	Attendance (✓)/ Apologies (A)		
		Surrey Heartlands CCG	Frimley CCG	Surrey County Council
Convener				
Dr Charlotte Canniff (CC)	Clinical Chair, Surrey Heartlands CCG			
Members				
Dr Charlotte Canniff (CC)	Clinical Chair, Surrey Heartlands CCG (Chair)	✓		
Vacant	Lay Member, Surrey Heartlands CCG	-		
Jonathan Perkins (JP)	Lay Member Finance, Surrey Heartlands CCG	✓		
Steve Hams (SH)	Registered Nurse, Surrey Heartlands CCG	✓		
Dr Claire Fuller (DrCF)	Interim CCG Accountable Officer	A		
Karen McDowell (KMc) <i>On behalf of DrCF</i>	CCG Deputy Accountable Officer/ ICS Chief Operating Officer	✓		

Name	Title/ Role	Attendance (✓)/ Apologies (A)		
		Surrey Heartlands CCG	Frimley CCG	Surrey County Council
Matthew Knight (MK)	Chief Finance Officer	✓		
Dr Timothy Bates (TB)	GP for Surrey-wide Services, Surrey Heartlands CCG	✓		
Steven Clarke (SC)	Clinical Leader, Frimley CCG		A	
Kathy Atkinson (KA)	Lay Member, Frimley CCG		A	
Tony Fitzgerald (TF)	Lay Member Primary Care, Frimley CCG		A	
Nicola Airey (NA)	Managing Director, Frimley CCG (Chair)		✓	
Daryl Gasson (DG)	Managing Director, Frimley CCG		A	
Rob Morgan (RM)	Chief Finance Officer, Frimley CCG		A	
Cllr Denise Turner-Stewart (DTS)	Cabinet Member for Education and Learning			✓
Cllr Sinead Mooney (SM)	Cabinet Member for Adults (Chair)			✓
Cllr Clare Curran (CCu)	Cabinet Member for Children			A
Cllr Matt Furniss (MF) <i>On behalf of CCu</i>	Cabinet Member for Transport and Infrastructure			✓
Attendees				
Simon White (SW) <i>(For Item 8)</i>	Executive Director- Adult Social Care and Integrated Commissioning, Surrey County Council		✓	
Maureen Attewell (MA) <i>(Observer)</i>	Deputy Cabinet Member for Children and Lifelong Learning, Surrey County Council		✓	
Tapiwa Songore (TS)	(Minute-taker) Interim Governance Manager		✓	

Item No.	Timings	Item	Action	Presenter	Paper No
1.	10:00 (5mins)	Welcome, Introductions and Apologies a) Confirmation of Convener	To note	Convener	Verbal
2.		Declarations of Interest a) To receive confirmation from all members and attendees that their entry in the Register of Interests is up-to-date, accurate and complete. b) To receive any declarations of interest pertinent to items on this agenda.	To note	Convener	1
3.		Quorum *	To confirm	Convener	Verbal
4.	10:05 (5mins)	Minutes from the previous meeting on 29/09/2021	To approve	Convener	2
5.		Action Log	To review	Convener	3
6.	10:10 (5mins)	Questions from members of the public	To respond	Convener	Verbal
7.	10:15 (15mins)	CiCs Committee Effectiveness Review 2021/22	To discuss	Convener	Verbal
8.	10:30 (10mins)	Better Care Fund plan submission	To note	SW	4
AOB					
9.	10:40 (5mins)	AOB	To note	All	Verbal
10.	10:45	Meeting close	To note	Convener	Verbal
Date of future meetings for 2021/22: (all Wednesdays, 10:00- 12:00) <ul style="list-style-type: none"> • 30 March 2022; Virtual meeting 					

***Quorum** and membership agreed by organisation CCG individually. Details on Quoracy and voting are included in the Terms of Reference for each CCG as below:

Organisation	Quorum
Frimley CCG	One member
Surrey Heartlands CCG	A minimum of three members including: <ul style="list-style-type: none"> • Clinical Chair or GP Member; • A Lay/ Independent Member; and • Accountable Officer or Chief Finance Officer.
Surrey County Council	Any three Cabinet members

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REGISTER OF INTERESTS

Definition of an interest

A conflict of interest occurs where an individual's ability to exercise judgement, or act in a role is, could be, or is seen to be, impaired or otherwise influenced by his or her involvement in another role or relationship. In some circumstances, it could be reasonably considered that a conflict exists even when there is no actual conflict. In these cases, it is important to still manage these perceived conflicts in order to maintain public trust.

It is not possible, or desirable, to define all instances in which an interest may be a real or perceived conflict. It is for each Individual to exercise their judgment in deciding whether to register any interests that may be construed as a conflict. If any Individual is unsure as to whether an interest should be declared then he or she should seek guidance from the Governing Body Secretary or, if relevant, from the committee or sub- committee chair

(Examples below are non-exhaustive.)

Source: [NHS England Revised Statutory Guidance on Managing Conflict of Interest for CCGs](#) and the [CCG's Standards of Business Conduct Policy](#).

Financial Interests

This is where an individual may get Direct financial benefits from the consequences of a commissioning decision. This could, for example, include being:

- A Director, including a non-executive Director, or senior employee in a private company or public limited company or other organisation which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations;
- A shareholder (or similar ownership interests), a partner or owner of a private or not-for-profit company, business partnership or consultancy which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations;
- A management consultant for a provider.

This could also include an individual being:

- In secondary employment;
- In receipt of secondary income from a provider;
- In receipt of a grant from a provider;
- In receipt of any payments (for example honoraria, one-off payments, day allowances or travel or subsistence) from a provider;
- In receipt of research funding, including grants that may be received by the individual or any organisation in which they have an interest or role; and having a pension that is funded by a provider (where the value of this might be affected by the success or failure of a provider).

Non-Financial Professional Interests

This is where an individual may obtain a non-financial professional benefit from the consequences of a commissioning decision, such as increasing their professional reputation or status or promoting their professional career. This may, for example, include situations where the individual is:

- An advocate for a particular group of patients;
- A GP with special interests, e.g. in dermatology, acupuncture, etc.;
- A member of a particular specialist professional body (although routine GP membership of the RCGP, British Medical Association (BMA) or a medical defence organisation would not usually by itself amount to an interest which needed to be declared);
- An advisor for the are Quality Commission (CQC) or the National Institute for Health and Care Excellence (NICE);
- A medical researcher;
- GPs and Practice Managers, who are members of the Governing Body or Committees of the CCG should declare details of their roles and responsibilities held within their GP practice.

Non-Financial Personal Interests

This is where an individual may benefit personally in ways which are not Directly linked to their professional career and do not give rise to a Direct financial benefit. This could include, for example, where the individual is:

- A voluntary sector champion for a provider;
- A volunteer for a provider;
- A member of a voluntary sector board or has any other position of authority in or connection with a voluntary sector organisation; Suffering from a particular condition requiring individually funded treatment;
- A member of a lobby or pressure group with an interest in health.

Indirect Interests

This is where an individual has a close association with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest in a commissioning decision (as those categories are described above) for example:

- A spouse/partner;
- Close relative e.g., parent, grandparent, child, grandchild or sibling;
- Close friend; or
- Business partner.

A declaration of interest for a "business partner" in a GP partnership should include all relevant collective interests of the partnership, and all interests of their fellow GP partners

Whether an interest held by another person gives rise to a conflict of interest will depend upon the nature of the relationship between that person and the individual, and the role of the individual within the CCG.

REGISTER OF INTERESTS: Surrey-wide Commissioning Committees in Common Members and Attendees

Interests **highlighted in yellow** have been updated since the last meeting

Updated: 16/11/2021

First name	Last Name	Role	Declared Interest (Name of the organisation and nature of business)	Type of Interest			Is the interest direct or indirect	Nature of interest	Date of Interest		Action taken to mitigate risk
				Financial	Non-financial Professional	Non-Financial Personal			From	To	
Nicola	Airey	Managing Director, Frimley CCG	Frimley CCG	Y	N	N	Direct	Executive Managing Director for NHS Frimley CCG, covering Surrey Heath place.	01/01/2021	Present	Interest Noted
			SECamb	N	N	N	Indirect	Close family member is student paramedic Brighton University. Placements with SECamb who provide 999 ambulance services to residents within the CCG area	September 2019	Present	Interest Noted
Kathy	Atkinson	Lay Member, Frimley CCG	Safer Tourism Foundation	Y	N	N	Direct	Chief Executive	01/12/2016	Present	Interest Noted
			Volunteer Action South West Surrey	tbc	tbc	tbc	Direct	Volunteer role as Trustee of VASWS, which has in the past received funding from the CCG.	01/04/2021	Present	Interest Noted
Dr Tim	Bates	Surrey-wide GP, Surrey Heartlands CCG	Fort House Practice, Walton on Thames	Y	N	N	Direct	Senior Partner	01/04/2020	Present	Withdrawn from specific commissioning decisions and discussions
			NICS Federation	Y	N	N	Direct	Practice is a member	01/04/2020	Present	Withdrawn from specific commissioning decisions and discussions
			WHAM PCN practice member	Y	N	N	Direct	WHAM PCN	31/08/2020	Present	Withdrawn from specific commissioning decisions and discussions
			Point of Recovery Ltd	Y	N	N	Direct	Acupuncture company. Ceased practicing medical acupuncture in February 2020 but still hold 25 shares	07/04/2013	Present	Withdrawn from specific commissioning decisions and discussions
			NICS vaccination centres	Y	N	N	Direct	Worked as a GP in vaccine centre	01/01/2021	Present	Interest Noted
Dr Charlotte	Canniff	Clinical Chair, Surrey Heartlands CCG	Sunbury Health Centre	Y	N	N	Direct	Member of Local NICS Federation	2017	Present	Withdraw from specified commissioning discussion and decisions

First name	Last Name	Role	Declared Interest (Name of the organisation and nature of business)	Type of Interest			Is the interest direct or indirect	Nature of interest	Date of Interest		Action taken to mitigate risk
				Financial	Non-financial Professional	Non-Financial Personal			From	To	
			Sunbury Health Centre	Y	N	N	Direct	GP Partner	2002	Present	Withdraw from specified commissioning discussion and decisions
			SASSE 1 PCN	Y	N	N	Direct	Member of SASSE 1 Primary Care Network	Sept 2019	Present	Withdraw from specified commissioning discussion and decisions
			Sunbury Health Centre	Y	N	N	Indirect	Close family member is Practice Manager	01/01/2015	Present	Interest Noted
			Various Vaccination Hubs locations across North West Surrey	Y	N	N	Direct	Clinical lead in the Covid Vaccination hubs on an adhoc basis. Most of the sessions have been in seconded CCG time on a free basis but when I have done shifts at the weekend in or my non CCG working time I have raised an invoice for payment.	21/12/2020	Present	Interest Noted
Steven	Clarke	Clinical Leader, Frimley CCG	Branksomewood Healthcare Centre	Y	N	N	Direct	Outside Employment	01/04/2021	Present	Withdraw from specified commissioning discussion and decisions
Clare	Curran	Cabinet Member for Children, Surrey County Council	Bookham United Charities	N	N	Y	Direct	Trustee of Bookham United Charities	tbc	Present	Interest Noted
			Bookham Residents' Association	N	N	Y	Direct	Director of Bookham Residents' Association	tbc	Present	Interest Noted
			Surrey Choices Ltd	N	N	Y	Direct	Non-Executive Director and Chairman of Surrey Choices Ltd	tbc	10/06/21	Interest Noted
Daryl	Gasson	Managing Director, Frimley CCG	No interest(s) to declare								
Tony	Fitzgerald	Lay Member Primary Care, Frimley CCG	Lightwater Surgery	N	N	Y	Direct	Patient at Lightwater Surgery, one of the member practices	01/04/2021	Present	Withdrawn from specific commissioning decisions and discussions
Dr Claire	Fuller	Interim Accountable	Park Road Surgery, Camberley	Y	N	N	Direct	Locum GP	01/08/2017	Present	Withdrawn from specific commissioning decisions and discussions

First name	Last Name	Role	Declared Interest (Name of the organisation and nature of business)	Type of Interest			Is the interest direct or indirect	Nature of interest	Date of Interest		Action taken to mitigate risk
				Financial	Non-financial Professional	Non-Financial Personal			From	To	
		Officer, Surrey Heartlands CCG	Frensham Heights School	N	N	Y	Direct	Trustee on the Board of Governors	01/01/2016	Present	Interest Noted
Steve	Hams	Registered Nurse, Surrey Heartlands CCG	Gloucestershire Hospitals NHS FT	Y	N	N	Direct	Employee (Director of Quality and Chief Nurse)	Sept 2017	Present	Interest Noted
			University of Worcester	N	Y	N	Direct	Visiting Professor	Nov 2019	Present	Interest Noted
			Curhams Limited	Y	N	N	Direct	Director	Nov 2014	Present	Interest Noted
			Oxford University Hospitals NHS FT	Y	N	N	indirect	Partner is an employee	June 2017	Present	Interest Noted
			Care Quality Commission	N	Y	N	Direct	Well led reviewer	June 2019	Present	Interest Noted
Matthew	Knight	Chief Finance Officer, Surrey Heartlands CCG	No interest(s) to declare								
Sinead	Mooney	Cabinet Member for Adults, Surrey County Council	Governor for Ashford and St Peters NHS Foundation Trust	N	N	Y	direct	I am a SCC appointed Governor for Ashford and St Peters NHS Foundation Trust	01/08/2018	04/05/21	Withdraw from specified commissioning discussion and decisions
Robert	Morgan	Chief Finance Officer, Frimley CCG	East Berkshire Primary Care Out Of Hours	Y	N	N	Indirect	Family member works 10 hours per week as call handler	01/04/2021	Present	Interest Noted
Jonathan	Perkins	Lay Member General, Surrey Heartlands CCG	The Worshipful Company of Spectacle Makers	N	N	N	Indirect	Family member is the Clerk to the Worshipful Company of Spectacle Makers, a City Livery company and I regularly attend events at which senior figures within the optical world are also present.	01/06/2015	Present	Interest Noted
			Princess Alice Hospice	N	N	Y	Direct	Currently an Ambassador for Princess Alice Hospice and a former Trustee	01/09/2016	Present	Interest Noted
			CSH Surrey Mass Vaccination Project	N	N	Y	Direct	A volunteer Vaccinator with CSH on the mass vaccination project in Surrey	17/05/2021	Present	Interest Noted

First name	Last Name	Role	Declared Interest (Name of the organisation and nature of business)	Type of Interest			Is the interest direct or indirect	Nature of interest	Date of Interest		Action taken to mitigate risk
				Financial	Non-financial Professional	Non-Financial Personal			From	To	
Denise	Turner-Stewart	Cabinet Member for Education and Learning, Surrey County Council	Turnex Tools Ltd	Y	N	N	Direct	Employee of Turnex Tools Ltd (aviation company with close family members as directors)	tbc	Present	Interest Noted
			St George's College, Addlestone	N	N	N	Indirect	Close family member employed by St George's College, Addlestone	tbc	Present	Interest Noted
			Staines Parochial Charities	N	N	Y	Direct	Trustee of Staines Parochial Charities	tbc	Present	Interest Noted
CEASED INTERESTS/ PREVIOUS MEMBERS' INTERESTS (to remain on register for 6 months following cessation)											
Mary Ceased as a member May 2021	Lewis	Cabinet Member for Children, Young People and Families, Surrey County Council	No interest(s) to declare								
Jacqui Ceased as a member 30/06/21	Burke	Lay Member Audit, Surrey Heartlands CCG	Bells Solicitors (Farnham)	Y	N	N	Direct	Employment - Part Time Employee: Role - Financial Management	01/01/92	Present	Interest Noted
			Mind Body EDS	N	Y	N	Direct	Volunteer Bookkeeper (Role as Trustee & Chairperson period June 2017 to 06/09/2019). Registered Charity (as of 16/02/2018) "Mind Body EDS". Concerned with Raising Awareness of the Symptoms of Ehlers Danlos Syndromes and providing financial relief to sufferers of the condition.	June 2017	Present	Interest Noted
Tim Ceased as a member 30/07/21	Oliver	Leader, Surrey County Council	Surrey County Council	Y	N	N	direct	Employee	23/05/18	present	Interest Noted
			Surrey Heartlands ICS	Y	N	N	direct	Independent Chair	01/04/19	present	Interest Noted
			HNS Data Ltd	N	Y	N	direct	Director	23/05/18	present	Interest Noted
			Oakem Associates Ltd	N	Y	N	direct	Director	23/05/18	present	Interest Noted
			Pledgit Ltd	N	Y	N	direct	Director	23/05/18	present	Interest Noted



Surrey Health and Social Care

SURREY COMMISSIONING COMMITTEES IN COMMON

MINUTES

Committees in Common between the following organisations:

NHS Frimley CCG	✓
NHS Surrey Heartlands CCG	✓
Surrey County Council	✓

Date	Wednesday 29 September 2021	Time	10:00 – 10:50
Venue	Virtual meeting/ Woodhatch Place, Reigate (Surrey County Council)		

Members/ Attendees:

Name	Title/ Role	Attendance (✓)/ Apologies (A)		
		Surrey Heartlands CCG	Frimley CCG	Surrey County Council
Convener				
Dr Charlotte Canniff (CC)	Clinical Chair, Surrey Heartlands CCG			
Members				
Dr Charlotte Canniff (CC)	Clinical Chair, Surrey Heartlands CCG (Chair)	✓		
Vacant	Lay Member, Surrey Heartlands CCG	-		
Jonathan Perkins (JP)	Lay Member Finance, Surrey Heartlands CCG	✓		
Steve Hams (SH)	Registered Nurse, Surrey Heartlands CCG	A		
Dr Claire Fuller (DrCF)	Interim CCG Accountable Officer	A		
Karen McDowell (KMc) <i>On behalf of DrCF</i>	CCG Deputy Accountable Officer/ ICS Chief Operating Officer	✓		
Matthew Knight (MK)	Chief Finance Officer	✓		
Dr Timothy Bates (TB)	GP for Surrey-wide Services, Surrey Heartlands CCG	✓		

Reviewed by: CC (11/10/2021)

Name	Title/ Role	Attendance (✓)/ Apologies (A)		
		Surrey Heartlands CCG	Frimley CCG	Surrey County Council
Steven Clarke (SC)	Clinical Leader, Frimley CCG		A	
Kathy Atkinson (KA)	Lay Member, Frimley CCG		A	
Tony Fitzgerald (TF)	Lay Member Primary Care, Frimley CCG		A	
Nicola Airey (NA)	Managing Director, Frimley CCG (Chair)		A	
Daryl Gasson (DG)	Managing Director, Frimley CCG		A	
Rob Morgan (RM)	Chief Finance Officer, Frimley CCG		✓	
Cllr Denise Turner-Stewart (DTS)	Cabinet Member for Education and Learning			✓
Cllr Sinead Mooney (SM)	Cabinet Member for Adults (Chair)			✓
Cllr Clare Curran (CCu)	Cabinet Member for Children			✓
Attendees				
Simon White (SW)	Executive Director Adult Social Care, Surrey County Council		✓	
Jo Neville-Rye (JNR) <i>For Item 7</i>	Senior Commissioning Manager, Surrey County Council		✓	
Jonathan Lillistone (JL) <i>For item 8</i>	Assistant Director Commissioning, Health, Wellbeing and Adult Social Care, Surrey County Council		✓	
Natasha Moore (NM)	(Minute-taker) Governance Manager		✓	

Item No.	Discussion and actions raised	Who	By when
1	<p>Welcome, Introductions and Apologies</p> <p>The Convener welcomed members and attendees; apologies were received as detailed above.</p> <p>The Convener notified members and those present that the meeting was being webcast live via the Surrey County Council website. Additionally, she reminded all present that the meeting would be recorded for administration purposes only; and the recording would be deleted once the minutes had been approved.</p>		

Item No.	Discussion and actions raised	Who	By when						
	<p>The Convener also confirmed that the Surrey County Council Committee were meeting 'in person' to fulfil their decision-making requirements. NHS Frimley and NHS Surrey Heartlands CCGs were meeting virtually.</p> <ul style="list-style-type: none"> • Confirmation of Convener The Committees confirmed CC as Convener for this meeting. 								
2	<p>Declarations of Interest</p> <p>a) To receive confirmation from all members and attendees that their entry in the Register of Interests is up-to-date, accurate and complete.</p> <p>The Convener noted the register of members' and attendees' interests included in the meeting papers. The Chair invited members and attendees to report any new declarations or any amendments to the register. The following was raised:</p> <ul style="list-style-type: none"> • CCu declared that she was no longer a Non-Executive Director of Surrey Choices as of 10 June 2021. NM to amend the register. <p>b) To receive any declarations of interest pertinent to items on this agenda.</p> <p>The Convener invited members and attendees to report any conflicts pertinent to items on this agenda. None were received.</p>	NM	15/10/2021						
3	<p>Quorum</p> <p>The required quorum was met for the following organisations:</p> <ul style="list-style-type: none"> • NHS Frimley CCG • NHS Surrey Heartlands CCG • Surrey County Council 								
4	<p>Minutes from last meeting on 30/06/2021</p> <p>The minutes of the last meeting were presented.</p> <p>Decision Applicable to:</p> <table border="1" data-bbox="252 1603 1070 1720"> <tbody> <tr> <td data-bbox="252 1603 935 1641">NHS Frimley CCG</td> <td data-bbox="935 1603 1070 1641">✓</td> </tr> <tr> <td data-bbox="252 1641 935 1680">NHS Surrey Heartlands CCG</td> <td data-bbox="935 1641 1070 1680">✓</td> </tr> <tr> <td data-bbox="252 1680 935 1720">Surrey County Council</td> <td data-bbox="935 1680 1070 1720">✓</td> </tr> </tbody> </table> <p>The above Surrey-wide Commissioning Committees:</p> <ul style="list-style-type: none"> • APPROVED the minutes of the last meeting. 	NHS Frimley CCG	✓	NHS Surrey Heartlands CCG	✓	Surrey County Council	✓		
NHS Frimley CCG	✓								
NHS Surrey Heartlands CCG	✓								
Surrey County Council	✓								

Item No.	Discussion and actions raised	Who	By when
5	<p>Action Log</p> <p>It was noted that shaded actions on the log were marked as completed and would only be discussed by exception. All actions had been completed.</p>		
6	<p>Questions from members of the public</p> <p>No questions from the public were received.</p>		
7	<p>Procurement of Better Care Fund Carers Services Part A</p> <p>JNR presented the above, noting:</p> <ul style="list-style-type: none"> • The procurement process was being presented for approval, due to commence in the Autumn, under a new framework and a 'light touch' regime. • Current spend for the service was £6.92m. The majority of this funding was towards contracts and grants with the remainder for care packages. More financial detail was being presented under a separate report under Part II of this agenda. • She noted the following specific areas of the new contract: <ul style="list-style-type: none"> ○ Five Carers' Hubs would be introduced across the county to improve services and quality of life. ○ Support to young carers would increase with improved access to activities and communication which would be delivered at place. ○ Carer breaks would offer individual support alongside a personal health budget service. ○ Improvements would be made to support within acute settings, ensuring that these settings were more 'care-friendly', e.g. improving information and advocacy services. ○ Following a query from the Convener, confirmed that there was currently a 2-3 year pilot to improve services within mental health provider settings too. This work was being supported by the current provider with the specification having been co-produced with the Mental Health Forum. ○ Carers Emergency Passports would be implemented through personalised emergency care plans, e.g. in the event that the carer was no longer able to care. <p>JP queried the timeline for the procurement plan, i.e. noting that the procurement process was due to commence in October but that the Strategy was not due to be published until November 2021. He asked if bidders would have advanced sighting of the strategy and/ or if the strategy would be later amended in response to feedback. JNR confirmed that it was likely that the strategy would be later revised based on feedback.</p>		

Item No.	Discussion and actions raised	Who	By when						
	<p>DTS asked for assurance on how the carer experience would change with regards to support. JNR noted that the Carer's Hubs would provide consistency of service and advice. She added that the hubs would also be able to provide more tailored, 1-1 support as required and that carers would have more of an ability to 'dip in and out' of support services as their needs change.</p> <p>The Convener asked how this service would be fully incorporated into other services, e.g. Early Help Networks, Family Hubs, Youth Services etc. JNR noted that the aim eventually was for an 'all-age' service which would fully incorporate all other services for a 'whole family' approach.</p> <p>The Convener also asked how the potential of a 'postcode lottery' of service would be minimised and how the contract would be strengthened to ensure that partners work together. JNR confirmed that the new specification would ensure a mutual understanding of all partners of their responsibilities. Additionally, ongoing contract management as per the 'normal' contract monitoring processes would continue, alongside regular feedback from carers themselves.</p> <p>In the context of upcoming NHS changes (subject to the NHS Bill passing through Parliament), JP asked whether the statutory changes of CCGs to ICBs would be covered within any new contracts having effect from 01/04/2022. RM noted that from his experience, this would be part of the due diligence process regarding the transfer of CCG functions. JNR agreed to confirm for this specific contract.</p> <p>Recommendation/s:</p> <table border="1" data-bbox="252 1406 1070 1518"> <tbody> <tr> <td data-bbox="252 1406 935 1442">NHS Frimley CCG</td> <td data-bbox="935 1406 1070 1442">✓</td> </tr> <tr> <td data-bbox="252 1442 935 1478">NHS Surrey Heartlands CCG</td> <td data-bbox="935 1442 1070 1478">✓</td> </tr> <tr> <td data-bbox="252 1478 935 1518">Surrey County Council</td> <td data-bbox="935 1478 1070 1518">✓</td> </tr> </tbody> </table> <p>Recommendations: The above Surrey-wide Commissioning Committees are asked:</p> <ul data-bbox="260 1637 1166 1816" style="list-style-type: none"> • TO APPROVE the Procurement plan for Carers services • TO AGREE: the next steps as per the paper: Procurement process to commence in October 2021 to ensure that new contracts are in place for 01/04/2022; and decision to award final contract to come back to a future meeting. <p>The above Surrey-wide Commissioning Committees:</p> <ul data-bbox="260 1895 1142 1966" style="list-style-type: none"> • APPROVED the Procurement plan for Carers services. • AGREED the next steps as per the paper as above. 	NHS Frimley CCG	✓	NHS Surrey Heartlands CCG	✓	Surrey County Council	✓	JNR	15/10/2021
NHS Frimley CCG	✓								
NHS Surrey Heartlands CCG	✓								
Surrey County Council	✓								

Item No.	Discussion and actions raised	Who	By when
8	<p>Community connections services: contract extension</p> <p>SM introduced the above noting that this was an important contract as part of the mental health services offer for residents. The intention was to move towards a partnership working model; the recent establishment of the System Mental Health Partnership Board was a step towards this approach.</p> <p>JL added the following:</p> <ul style="list-style-type: none"> • An extension to the current contracts for the current three providers was being sought. These providers had successfully worked together for a number of years. • The service forms a key part of prevention services which had seen an increase in activity during the pandemic. Services had been maintained via an online provision during this period. • Additionally, the current three providers source additional charitable funding towards the service and this has continued through the increased activity and demand. • The intention was to improve performance under the new service. It was anticipated that the re-procurement process would commence during 2022. <p>CCu cited a reference within the report which stated that the service demonstrable improve outcomes and asked how this had been evaluated and the number of individuals currently supported via this contract. JL confirmed that measurements of 'outcome domains' were used where service users confirm their current states at outset of support and this is tracked over a period of time. Noted that over 60% of users report an improvement over time. JL added that the activity report demonstrated an increase in demand and fluctuations during the pandemic. JL agreed to circulate the background report referenced within the report for information.</p> <p>TB, as Chair of the Mental Health Delivery Board and Joint Senior Responsible Officer for the Mental Health Improvement Plan, commented that he was encouraged to see much support for this specific service, given its valuable role in providing support. He noted that the objectives within the Mental Health Improvement Plan were ambitious and that colleagues within the Community Connections Service were crucial to delivering this, specifically for the prevention/ intervention and integration workstreams. TB also highlighted that an additional workstream would review mental health funding across the system.</p> <p>DTS queried the uncertainty regarding the level of resource and funding, specifically with reference to the charitable funding received. JL acknowledged that this was not definitive as this</p>	JL	15/10/2021

Item No.	Discussion and actions raised	Who	By when						
	<p>was subject to fundraising but that beyond the initial contract, additional funds from the General Practise integrated Mental Health Service (GPiMHS) were received.</p> <p>Recommendation/s:</p> <table border="1" data-bbox="256 450 1070 566"> <tr> <td data-bbox="256 450 935 488">NHS Frimley CCG</td> <td data-bbox="935 450 1070 488">✓</td> </tr> <tr> <td data-bbox="256 488 935 526">NHS Surrey Heartlands CCG</td> <td data-bbox="935 488 1070 526">✓</td> </tr> <tr> <td data-bbox="256 526 935 566">Surrey County Council</td> <td data-bbox="935 526 1070 566">✓</td> </tr> </table> <p>Recommendations: The above Surrey-wide Commissioning Committees are asked:</p> <ul style="list-style-type: none"> • TO APPROVE the extension of community connections contracts by one further year so these contracts will expire on 31 March 2023. • TO AGREE: the next steps as per the paper: extend all community contracts by one year to 31/03/2023; from October 2021, develop a joint commissioning and procurement plan for community connections services for April 2023 onwards; and brief stakeholders on the outcome of this meeting. <p>The above Surrey-wide Commissioning Committees:</p> <ul style="list-style-type: none"> • APPROVED the extension of community connections contracts by one further year so these contracts will expire on 31 March 2023. • AGREED the next steps as per the paper as above. 	NHS Frimley CCG	✓	NHS Surrey Heartlands CCG	✓	Surrey County Council	✓		
NHS Frimley CCG	✓								
NHS Surrey Heartlands CCG	✓								
Surrey County Council	✓								
9	<p>AOB No other business was raised.</p>								
10	<p>Meeting close Meeting closed at 10:50.</p>								
<p>Date of next meeting: Wednesday 24 November 2021, 10:00- 12:00; Virtual meeting</p>									
<p>Signed and agreed by:</p> <p>Date: DD MMM YYYY Dr Charlotte Canniff, Clinical Chair, Surrey Heartlands CCG (Convener)</p>									

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Surrey-wide Commissioning Committees in Common Action Log- Part I

Last updated 16/11/2021; DS

Meeting where action raised	Agenda Number/ Item	Action	By whom	Deadline	Status	Update
29/09/2021	4. Declaration of Interest	CCu declared that she was no longer a Non-Executive Director of Surrey Choices. NM/DS to amend the Register.	DS	15/10/2021	Completed	16/11/2021- Registered amended with effective date Interest ceased - 10 June 2021
29/09/2021	7. Procurement of Better Care Fund Carers Services Part A	JNR agreed to confirm for this specific contract if the statutory changes of CCGs to ICBs would be covered and for any new contracts having effect from 01/04/2022 .	JNR	15/10/2021	Completed	15/11/2021- JNR confirmed that Procurement was checked with legal and as the changes have not been published yet, they do not know exactly what will be the required changes to contracts. The service specification was updated to reflect the changes: Clinical commissioning groups, known as CCGs, are commissioners of services for the NHS. In Surrey there are namely two CCGs: Surrey Heartlands CCG, and NHS Frimley CCG. Subject to legislation (Health and Care Bill) being agreed, it is expected that from 1 April 2022 the statutory functions of CCGs, including commissioning, will be conferred on Integrated Care Boards (ICBs); ICBs will be statutory organisations that bring the NHS together locally to improve population health and establish shared strategic priorities within the NHS, connecting to partnerships across the Integrated Care System. Providers are expected to manage any changes that may occur as the statutory duties of the CCGs are conferred to the ICBs in Surrey (Surrey Heartlands, and Frimley). Carer services are, and will remain, jointly commissioned with Surrey County Council.
29/09/2021	8. Community connections services: contract extension	JL agreed to circulate the background report referenced within the report for information.	JL	15/10/2021	Completed	15/11/2021- JL confirmed the document has been circulated

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Agenda item: 8
Paper no: 4

Title of Report:	2021/22 BETTER CARE FUND PLANNING TEMPLATE AND NARRATIVE PLAN SUBMISSION	
Status:	TO NOTE	
Committee:	Surrey-wide Commissioning Committees in Common	Date: 24/11/21
Venue:	Virtual meeting/ Woodhatch Place, Reigate (Surrey County Council)	
Presented by:	Simon White, Executive Director- Adult Social Care and Integrated Commissioning, Surrey County Council	
Author(s)/ Lead Officer(s):	Kirsty Slack, Policy and Programme Manager (Health and Wellbeing), / Phill Austen-Reed, Principal Health and Wellbeing Lead, Surrey County Council	

Executive Summary:

The Better Care Fund is a local single pooled budget that facilitates integrated working between health, social care, and wider partners. This submission for 2021/22, see Annexe, sets out the areas of spend for Surrey's Better Care Fund in 2020/21, together with metrics and an updated narrative that relates to headings provided by the national team.

Governance:

Conflict of Interest:	None identified	✓
Previous Reporting:	<p>Due to timescale set nationally all engagement has been virtual to develop the plan within October through engagement and sign off from:</p> <ul style="list-style-type: none"> • Surrey Local Joint Commissioning Groups • Adult Social Care Leadership Team • ICS data, relevant leads and additional relevant colleagues • Surrey Commissioning Collaborative <p>It will be submitted noting that it is subject to final sign off at the Surrey Health and Wellbeing Board (02/12/21)</p>	
Freedom of Information:	Open – no exemption applies. Part I paper suitable for publication.	✓

Decision Applicable to:

Decision applicable to the following Committee/s:	NHS Frimley CCG	✓
	NHS Surrey Heartlands CCG	✓
	Surrey County Council	✓

Recommendation(s):

The Surrey-wide Commissioning Committees are asked to note the 2021/22 Better Care Fund Submission included with this paper, noting the national planning conditions have been met; including the minimum CCG funding contribution, the minimum funding allocation to NHS Commissioned Out of Hospital Spend, and minimum funding allocation to Adult Social Care services.

Reason for recommendation(s):

Following a very tight timescale that has been set nationally, the 2021/22 Better Care Fund submission and updated narrative for Surrey has been agreed following local discussions with a wide range of stakeholders, including strategic leaders, finance colleagues, and commissioners. The areas of spend set out in the plan will support joint working to deliver integrated, holistic services that put Surrey residents at the centre of their health and social care services. Although the approval of the Commissioning Committees-in-Common is not specifically required by the Better Care Fund submission process, it is good practice to ensure partners across the Council and the relevant CCGs are sighted on the final document.

Next Steps

1. The 2021/22 Better Care Fund plan set out in this paper will be taken to Surrey's Health and Wellbeing Board for formal approval as stipulated in the Better Care Fund assurance process.
2. Section 75 Agreements will be amended and agreed between Surrey County Council and CCGs.
3. The 2022/23 Better Care Fund planning process will begin formally as soon as national guidance is released. However as this is likely to be within a very short timescale and too late to enable significant proactive planning it is intended to begin informal discussions as soon as capacity allows.

1. Details:

1.1 Key issues

- 1.1.1 The Better Care Fund (BCF) is a national programme announced by the Government in the June 2013 spending round. The aim of the programme is to incentivise the NHS and local government to work more closely together to effectively support their local populations, making people's wellbeing the focus of health and care services.
- 1.1.2 The 2021/22 submission set outs the planned schemes to be funded through the BCF along with narrative and metrics.

1.2 Planning requirements

- 1.2.1 Health and Wellbeing Boards were advised that BCF policy and planning requirements would not be published during 2020/21 due to the COVID-19 pandemic. It was directed that they should prioritise continuity of provision, social care capacity and system resilience and spend from ringfenced BCF pots based on local agreement in 2020/21, pending further guidance. Given the ongoing pressures on systems, Departments and NHS England and NHS Improvement agreed that formal BCF plans would not have to be submitted to NHS England and NHS Improvement for approval in 2020/21.
- 1.2.2 NHS England did not publish the necessary guidance and planning requirements to enable 2021/22 BCF budget proposals to be confirmed until the end of September 2021. This has meant approximately 4 weeks has been available to produce the plan for submission due to the need to obtain local sign off before submission. That is why this report about the current year BCF budget plans is being brought to the Committee so far into the financial year.
- 1.2.3 The Better Care Fund brings together ring-fenced budgets from Clinical Commissioning Group (CCG) allocations, and funding paid directly to local government, including the Disabled Facilities Grant (DFG), and the improved Better Care Fund (iBCF) which now includes the Winter Pressures grant.
- 1.2.4 The 2021/22 submission includes financial details, an updated set of metrics, confirmation that we meet the various planning requirements, and an updated local BCF narrative plan based on the framework provided by the national team.
- 1.2.5 With regards to the updated set of metrics, the ambitions set out have largely been set out utilising past performance in recognition of the fact that with the expected winter context that we shall be entering and the continued affects of the pandemic, even maintaining performance will be a significant achievement. This approach has been tested with key data and performance colleagues from ICS, ASC and one representative of an acute provider who are broadly in agreement with this approach. The national BCF team have confirmed that these ambitions will not be used for performance management specifically.
- 1.3 The national expectation is for the delivery of the Better Care Fund through 2021/22 will continue to deliver the strategic aims agreed in prior Surrey Better Care Fund plans:
 - Enabling people to stay well - Maximising independence and wellbeing through prevention and early intervention for people at risk of being unable to manage their physical health, mental health and social care needs;
 - Enabling people to stay at home - Integrated care delivered seven days a week through enhanced primary and community services which are safe and effective and increase public confidence to remain out of hospital or residential/nursing care; and
 - Enabling people to return home sooner from hospital – Excellent hospital care and post-hospital support for people with acute, specialist or complex needs supported by a proactive discharge system which enables a prompt return home.
- 1.4 Benefits to Surrey residents of proposed action

- 1.4.1 Delivery of the Surrey Better Care Fund in 2021/22 will support the achievement of outcomes for older adults set out in the Surrey Health and Wellbeing Strategy:
- Within Priority 1, 'helping people in Surrey to lead healthy lives', it supports the specific focus areas around 'promoting prevention to decrease incidence of serious conditions and diseases', and 'helping people to live independently for as long as possible and to die well'.
 - Within Priority 2, 'supporting the emotional wellbeing of people in Surrey, it supports the specific focus areas around 'enabling...adults and elderly with mental health issues to access the right help and resources', and 'preventing isolation and enabling support for those who do feel isolated'.
- 1.4.2 The Surrey Community Impact Assessment, Surrey Joint Strategic Needs Assessment, and local area profiles have been used to inform the updated Surrey BCF submission.
- 1.4.3 Included with in this is reference to the Surrey Community Impact Assessment¹ which explores **health, social and economic impacts** of COVID-19 among communities across the county, **communities' priorities** for recovery, and **what support these communities might continue to need** throughout the pandemic.
- 1.4.4 It found that the health impacts have been felt the most in areas with higher numbers of over 80s and care homes. The focus of the Better Care Fund for 2021/22 remains on supporting adults, and older adults in particular.
- 1.4.5 We are seeing that residents who aren't used to needing support are also beginning to struggle, and so prevention and early intervention continues to form a key part of the work being undertaken in each locality. The after effects of Lockdowns has left many individuals feeling isolated and cut off from friends and family, and with a lack of knowledge about how and when to seek help. The commissioned programmes within the 21/22 submission are beginning to include a range of schemes to support residents' emotional wellbeing and to improve information and advice available for Surrey residents.

2. Consultation/ Public Engagement:

- 2.1 The Better Care Fund submission is Surrey-wide, however, local delivery is tailored in each area through the commissioning of different schemes to suit the local population. In developing the local plans that this BCF submission is built upon, local providers have been engaged with through each of the Local Joint Commissioning Groups (LJCGs).
- 2.2 The important role district and borough councils play in the provision of local preventative services, engagement within local communities and as the local housing authority, is fully recognised in Surrey. The Disabled Facilities Grant (DFG) for 2021/22 will be pooled and cascaded to the eleven district and borough councils

¹ <https://www.surrey.gov.uk/covid-impacts/>

in line with the national guidance, with discussions in each locality to agree the use of the funds.

3. Risk Management and Implications:

- 3.1.1 The Section 75 Agreements that will form part of the next steps are an essential part of the governance arrangements for the BCF and will set out the range of mechanisms that will be in place to manage the BCF pooled fund and the associated risks.

4. Financial and 'Value For Money' Implications

- 4.1.1 The BCF submission in the Annexe sets out the plan for how £109.0m of funding across Surrey's health and social care system will be spent. This includes the £80.6m minimum contributions from CCGs to the BCF, £11.1m of iBCF grant funding paid directly to SCC and £10.2m of Disabled Facilities Grant monies paid to D&B Councils.
- 4.1.2 The minimum amount Surrey's CCGs are required to add into the BCF as stipulated by NHSE is increasing in 2021/22 by £4.0m (5.2%). Of this increase, £2.4m will be allocated to Adult Social Care based on the minimum ASC spending requirement published by NHSE. The Annexe confirms how this increased funding will be spent in line with agreements reached between SCC and CCG partners.

5. Section 151 Officer Commentary

- 5.1.1 Although significant progress has been made over recent years to improve the Council's financial position, the medium-term financial outlook beyond 2021/22 remains uncertain. The public health crisis has resulted in increased costs which may not be fully funded. Whilst recent announcements are welcomed there is still a significant level of uncertainty. In the medium term, our working assumption is that financial resources will continue to be constrained, as they have been for the majority of the past decade. This places an onus on the Council to continue to consider issues of financial sustainability as a priority in order to ensure stable provision of services in the medium term.
- 5.1.2 In this context, the S151 officer supports the Better Care Fund Plan, which enables Surrey County Council to deliver its responsibilities as part of the Health and Social Care system. The Better Care Fund Plan includes increases to the CCG and ASC minimum funding levels that enable additional activity to be funded through the BCF in 2021/22. The plan will be reflected in Section 75 Agreements between SCC and Surrey's Clinical Commissioning Groups. The proposals set out in the BCF plan have been factored into the Council's Medium Term Financial Strategy.
- 5.1.3 The funding SCC receives from Surrey's BCF is an essential component of the sustainability of the current level of planned expenditure for the Adult Social Care service. The uncertainty about the future of BCF beyond 2021/22 increases financial risk for health and social care partners. Whilst government announcements suggest funding will continue into next year, SCC and its health partners will need to remain

agile in responding to changes in the BCF's financial and policy framework to ensure expenditure on service provision is kept within available resources.

6. Legal Implications – Monitoring Officer

- 6.1 The Care Act 2014 places a duty on local authorities to exercise their functions under the Care Act with a view to ensuring the integration of health and social care provision. Similarly, the National Health Service Act 2006 places a duty on CCGs to do the same in the exercise of their functions. Furthermore, under the Health and Social Care Act 2012, the Surrey Health and Wellbeing Board must, for the purpose of advancing the health and wellbeing of the people in its area, encourage persons who arrange for the provision of any health or social care services in that area to work in an integrated manner. The BCF and Section 75 Agreements that underpin it are intended to enable compliance with these duties.
- 6.2 The 2019/20 Section 75 Agreements between Surrey County Council and the CCGs will be reviewed and amended for the 2021/22 funding period. Legal Services at Surrey County Council will draft the Deeds of Variations to the Section 75 Agreements with each of the CCGs and will arrange to have the Deeds of Variation executed by the parties.

7. Equalities and Diversity

- 7.1.1 An EIA is not required for this paper, as it serves largely as an agreement of budget envelopes for health-commissioned services, and Adult Social Care commissioned services within the Better Care Fund and assurance of local alignment with priorities and strategies. The specific schemes listed within the submission are however commissioned, managed and scrutinised at Local Joint Commissioning Group level, where the equality and diversity impacts are considered through specific Equality Impact Assessments.

Consulted:

- Surrey Local Joint Commissioning Groups
- ICS data and relevant topic leads eg. discharge
- Acute performance lead (representative)
- Transformation leads
- Surrey Commissioning Collaborative
- Adult Social Care Business intelligence Team
- Public health Intelligence Team
- Adult Social Care Leadership Team

Annexes:

Annexe 1: Surrey Better Care Fund 2021/22 planning template submission

To follow circulation of papers following final submission on 16th November

Annexe 2: Surrey Better Care Fund 2021/22 Narrative plan

To follow circulation of papers following final submission on 16th November

Surrey-wide Commissioning Committees in Common 29/11/2021/ Better Care Fund planning template and narrative plan submission

Better Care Fund 2021-22 Template

1. Guidance

Overview

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a blue background, as below:

Data needs inputting in the cell

Pre-populated cells

Note on viewing the sheets optimally

For a more optimal view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance sheet for readability if required.

The details of each sheet within the template are outlined below.

Checklist (click to go to Checklist, included in the Cover sheet)

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be completed before sending to the Better Care Fund Team.
2. The checker column, which can be found on the individual sheets, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'
3. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.
5. Please ensure that all boxes on the checklist are green before submission.

2. Cover (click to go to sheet)

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.
2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to the Better Care Fund Team:

england.bettercarefundteam@nhs.net

(please also copy in your respective Better Care Manager)

4. Income (click to go to sheet)

1. This sheet should be used to specify all funding contributions to the Health and Wellbeing Board's (HWB) Better Care Fund (BCF) plan and pooled budget for 2021-22. It will be pre-populated with the minimum CCG contributions to the BCF, Disabled Facilities Grant (DFG) and improved Better Care Fund (iBCF). These cannot be edited.
2. Please select whether any additional contributions to the BCF pool are being made from local authorities or the CCGs and as applicable enter the amounts in the fields highlighted in 'yellow'. These will appear as funding sources when planning expenditure. The fields for Additional contributions can be used to include any relevant carry-overs from the previous year.
3. Please use the comment boxes alongside to add any specific detail around this additional contribution including any relevant carry-overs assigned from previous years. All allocations are rounded to the nearest pound.
4. For any questions regarding the BCF funding allocations, please contact england.bettercarefundteam@nhs.net

5. Expenditure (click to go to sheet)

This sheet should be used to set out the schemes that constitute the BCF plan for the HWB including the planned expenditure and the attributes to describe the scheme. This information is then aggregated and used to analyse the BCF plans nationally and sets the basis for future reporting and to particularly demonstrate that National Conditions 2 and 3 are met.

The table is set out to capture a range of information about how schemes are being funded and the types of services they are providing. There may be scenarios when several lines need to be completed in order to fully describe a single scheme or where a scheme is funded by multiple funding streams (eg: iBCF and CCG minimum). In this case please use a consistent scheme ID for each line to ensure integrity of aggregating and analysing schemes.

On this sheet please enter the following information:

1. Scheme ID:

- This field only permits numbers. Please enter a number to represent the Scheme ID for the scheme being entered. Please enter the same Scheme ID in this column for any schemes that are described across multiple rows.

2. Scheme Name:

- This is a free text field to aid identification during the planning process. Please use the scheme name consistently if the scheme is described across multiple lines in line with the scheme ID described above.

3. Brief Description of Scheme

- This is a free text field to include a brief headline description of the scheme being planned.

4. Scheme Type and Sub Type:

- Please select the Scheme Type from the drop-down list that best represents the type of scheme being planned. A description of each scheme is available in tab 5b.

- Where the Scheme Types has further options to choose from, the Sub Type column alongside will be editable and turn "yellow". Please select the Sub Type from the drop down list that best describes the scheme being planned.

- Please note that the drop down list has a scroll bar to scroll through the list and all the options may not appear in one view.

- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside. Please try to use pre-populated scheme types and sub types where possible, as this data is important to our understanding of how BCF funding is being used and levels of investment against different priorities.

- The template includes a field that will inform you when more than 5% of mandatory spend is classed as other.

5. Area of Spend:

- Please select the area of spend from the drop-down list by considering the area of the health and social care system which is most supported by investing in the scheme.
- Please note that where 'Social Care' is selected and the source of funding is "CCG minimum" then the planned spend would count towards National Condition 2.
- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside.
- We encourage areas to try to use the standard scheme types where possible.

6. Commissioner:

- Identify the commissioning body for the scheme based on who is responsible for commissioning the scheme from the provider.
- Please note this field is utilised in the calculations for meeting National Condition 3.
- If the scheme is commissioned jointly, please select 'Joint'. Please estimate the proportion of the scheme being commissioned by the local authority and CCG/NHS and enter the respective percentages on the two columns.

7. Provider:

- Please select the 'Provider' commissioned to provide the scheme from the drop-down list.
- If the scheme is being provided by multiple providers, please split the scheme across multiple lines.

8. Source of Funding:

- Based on the funding sources for the BCF pool for the HWB, please select the source of funding for the scheme from the drop down list. This includes additional, voluntarily pooled contributions from either the CCG or Local authority
- If the scheme is funding across multiple sources of funding, please split the scheme across multiple lines, reflecting the financial contribution from each.

9. Expenditure (£) 2021-22:

- Please enter the planned spend for the scheme (or the scheme line, if the scheme is expressed across multiple lines)

10. New/Existing Scheme

- Please indicate whether the planned scheme is a new scheme for this year or an existing scheme being carried forward.

This is the only detailed information on BCF schemes being collected centrally for 2021-22 and will inform the understanding of planned spend for the iBCF grant and spend from BCF sources on discharge.

6. Metrics ([click to go to sheet](#))

This sheet should be used to set out the HWB's performance plans for each of the BCF metrics in 2021-22. The BCF requires trajectories and plans agreed for the fund's metrics. Systems should review current performance and set realistic, but stretching ambitions for the last two quarters of 2021-22.

The previous measure of Non Elective Admissions is being replaced with a measure of Unplanned Admissions for Chronic Ambulatory Care Sensitive Conditions. Performance data on this indicator up to 2019-20, by local authority can be found at:

<https://digital.nhs.uk/data-and-information/publications/statistical/nhs-outcomes-framework/february-2021/domain-2-enhancing-quality-of-life-for-people-with-long-term-conditions-nof/2.3.i-unplanned-hospitalisation-for-chronic-ambulatory-care-sensitive-conditions>

A data pack showing breakdowns of data for new metrics (discharge and avoidable admissions) is available on the Better Care Exchange.

For each metric, systems should include a narrative that describes:

- a rationale for the ambition set, based on current and recent data, planned activity and expected demand
- how BCF funded schemes and integrated care will support performance against this metric, including any new or amended services.

1. Unplanned admissions for chronic ambulatory sensitive conditions:

- This section requires the area to input a planned rate for these admissions, per hundred thousand people for the year. This is the current NHS Outcomes Framework indicator 2.3i.

- The numerator is calculated based on the expected number of unplanned admissions for ambulatory sensitive conditions during the year.

- The denominator is the local population based on Census mid year population estimates for the HWB.

- Technical definitions for the guidance can be found here:

https://files.digital.nhs.uk/A0/76B7F6/NHSOF_Domain_2_S.pdf

2. Length of Stay.

- Areas should agree ambitions for minimising the proportion of patients in acute hospital who have been an inpatient for 14 days or more and the number that have been an inpatient for 21 days or more. This metric should be expressed as a percentage of overall patients.

- The ambition should be set for the HWB area. The data for this metric is obtained from the Secondary Uses Service (SUS) database and is collected at hospital trust. A breakdown of data from SUS by local authority of residence has been made available on the Better Care Exchange to assist areas to set ambitions. Ambitions should be set as the average percentage of inpatient beds occupied by patients with a length of stay of 14 days and over and 21 days and over for Q3 2021-22 and for Q4 2021-22 for people resident in the HWB.

- Plans should be agreed between CCGs, Local Authorities and Hospital Trusts and areas should ensure that ambitions agreed for 21 days or more are consistent across Local Trusts and BCF plans.

- The narrative should set out the approach that has been taken to agreeing and aligning plans for this metric

3. Discharge to normal place of residence.

- Areas should agree ambitions for the percentage of people who are discharged to their normal place of residence following an inpatient stay.

- The ambition should be set for the health and wellbeing board area. The data for this metric is obtained from the Secondary Uses Service database and is collected at hospital trust. A breakdown of data from SUS by local authority of residence has been made available on the Better Care Exchange to assist areas to set ambitions. Ambitions should be set as the percentage of all discharges where the destination of discharge is the person's usual place of residence.

4. Residential Admissions (RES) planning:

- This section requires inputting the information for the numerator of the measure.

- Please enter the planned number of council-supported older people (aged 65 and over) whose long-term support needs will be met by a change of setting to residential and nursing care during the year (excluding transfers between residential and nursing care) for the Residential Admissions numerator measure.

- The prepopulated denominator of the measure is the size of the older people population in the area (aged 65 and over) taken from Office for National Statistics (ONS) subnational population projections.

- The annual rate is then calculated and populated based on the entered information.

5. Reablement planning:

- This section requires inputting the information for the numerator and denominator of the measure.

- Please enter the planned denominator figure, which is the planned number of older people discharged from hospital to their own home for rehabilitation (or from hospital to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home).

- Please then enter the planned numerator figure, which is the planned number of older people discharged from hospital to their own home for rehabilitation (from within the denominator) that will still be at home 91 days after discharge.

- The annual proportion (%) Reablement measure will then be calculated and populated based on this information.

7. Planning Requirements (click to go to sheet)

This sheet requires the Health & Wellbeing Board to confirm whether the National Conditions and other Planning Requirements detailed in the BCF Policy Framework and the BCF Requirements document are met. Please refer to the BCF Policy Framework and BCF Planning Requirements documents for 2021-22 for further details.

The sheet also sets out where evidence for each Key Line of Enquiry (KLOE) will be taken from.

The KLOEs underpinning the Planning Requirements are also provided for reference as they will be utilised to assure plans by the regional assurance panel.

1. For each Planning Requirement please select 'Yes' or 'No' to confirm whether the requirement is met for the BCF Plan.

2. Where the confirmation selected is 'No', please use the comments boxes to include the actions in place towards meeting the requirement and the target timeframes.

Better Care Fund 2021-22 Template

2. Cover

Version 1.0



Please Note:

- You are reminded that much of the data in this template, to which you have privileged access, is management information only and is not in the public domain. It is not to be shared more widely than is necessary to complete the return.
- Please prevent inappropriate use by treating this information as restricted, refrain from passing information on to others and use it only for the purposes for which it is provided. Any accidental or wrongful release should be reported immediately and may lead to an inquiry. Wrongful release includes indications of the content, including such descriptions as "favourable" or "unfavourable".
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Health and Wellbeing Board: Surrey

Completed by: Kirsty Slack, Policy and Programme Manager, Surrey County Council

E-mail: Kirsty.Slack@surreycc.gov.uk

Contact number: 07790 836779

Please indicate who is signing off the plan for submission on behalf of the HWB (delegated authority is also accepted):

Job Title: Chair of Surrey Health and Wellbeing Board, Leader of Surrey Council
Name: Tim Oliver

Has this plan been signed off by the HWB at the time of submission? No

If no, or if sign-off is under delegated authority, please indicate when the HWB is expected to sign off the plan: Thu 02/12/2021

<< Please enter using the format, DD/MM/YYYY
 Please note that plans cannot be formally approved and Section 75 agreements cannot be finalised until a plan, signed off by the HWB has been submitted.

	Role:	Professional Title (where applicable)	First-name:	Surname:	E-mail:
*Area Assurance Contact Details:	Health and Wellbeing Board Chair	Councillor	Tim	Oliver	tim.oliver@surreycc.gov.uk
	Clinical Commissioning Group Accountable Officer (Lead)	Dr	Claire	Fuller	clairefuller1@nhs.net
	Additional Clinical Commissioning Group(s) Accountable Officers		Fiona	Edwards	fiona.edwards18@nhs.net

Local Authority Chief Executive		Joanna	Killen	joanna.killian@surreycc.gov.uk
Local Authority Director of Adult Social Services (or equivalent)		Simon	White	simon.white1@surreycc.gov.uk
Better Care Fund Lead Official		Kirsty	Slack	Kirsty.Slack@surreycc.gov.uk
LA Section 151 Officer		Leigh	Whitehouse	Leigh.Whitehouse@surreycc.gov.uk
Senior Public Health Lead		Phillip	Austen- Reed	phillip.austenreed@surreycc.gov.uk
Senior Finance Business Partner		Andy	Wickes	andy.wickes@surreycc.gov.uk

Please add further area contacts that you would wish to be included in official correspondence -->

**Only those identified will be addressed in official correspondence (such as approval letters). Please ensure all individuals are satisfied with the information entered above as this is exactly how they will appear in correspondence.*

Question Completion - When all questions have been answered and the validation boxes below have turned green, please send the template to the Better Care Fund Team england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. Please also copy in your Better Care Manager.

Template Completed

	Complete:
2. Cover	Yes
4. Income	Yes
5a. Expenditure	Yes
6. Metrics	Yes
7. Planning Requirements	Yes

[<< Link to the Guidance sheet](#)

[^^ Link back to top](#)

Better Care Fund 2021-22 Template

3. Summary

Selected Health and Wellbeing Board:

Surrey

Income & Expenditure

[Income >>](#)

Funding Sources	Income	Expenditure	Difference
DFG	£10,155,847	£10,155,847	£0
Minimum CCG Contribution	£80,627,513	£80,627,513	£0
iBCF	£11,073,082	£11,073,082	£0
Additional LA Contribution	£2,026,266	£2,026,266	£0
Additional CCG Contribution	£5,153,614	£5,153,614	£0
Total	£109,036,322	£109,036,322	£0

[Expenditure >>](#)

NHS Commissioned Out of Hospital spend from the minimum CCG allocation

Minimum required spend	£22,914,695
Planned spend	£33,629,748

Adult Social Care services spend from the minimum CCG allocations

Minimum required spend	£47,499,054
Planned spend	£48,073,581

Scheme Types

Assistive Technologies and Equipment	£6,183,359	(5.7%)
Care Act Implementation Related Duties	£2,610,001	(2.4%)
Carers Services	£9,008,636	(8.3%)

Community Based Schemes	£33,607,565	(30.8%)
DFG Related Schemes	£10,155,847	(9.3%)
Enablers for Integration	£608,274	(0.6%)
High Impact Change Model for Managing Transfer of	£9,366,728	(8.6%)
Home Care or Domiciliary Care	£10,619,075	(9.7%)
Housing Related Schemes	£298,708	(0.3%)
Integrated Care Planning and Navigation	£1,593,250	(1.5%)
Bed based intermediate Care Services	£0	(0.0%)
Reablement in a persons own home	£6,935,154	(6.4%)
Personalised Budgeting and Commissioning	£0	(0.0%)
Personalised Care at Home	£434,132	(0.4%)
Prevention / Early Intervention	£4,321,511	(4.0%)
Residential Placements	£11,073,082	(10.2%)
Other	£2,221,000	(2.0%)
Total	£109,036,322	

[Metrics >>](#)

Avoidable admissions

	20-21 Actual	21-22 Plan
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	708.0	673.0

Length of Stay

21-22 Q3 Plan	21-22 Q4 Plan
------------------	------------------

Percentage of in patients, resident in the HWB, who have been an inpatient in an acute hospital for: i) 14 days or more ii) 21 days or more As a percentage of all inpatients	LOS 14+	10.5%	10.4%
	LOS 21+	5.6%	5.5%

Discharge to normal place of residence

		0	21-22 Plan
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence		0.0%	91.2%

Residential Admissions

		20-21 Actual	21-22 Plan
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	468	462

Reablement

		21-22 Plan
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	69.7%

[Planning Requirements >>](#)

Theme	Code	Response
NC1: Jointly agreed plan	PR1	Yes
	PR2	Yes
	PR3	Yes
NC2: Social Care Maintenance	PR4	Yes
NC3: NHS commissioned Out of Hospital Services	PR5	Yes
NC4: Plan for improving outcomes for people being discharged from hospital	PR6	Yes
Agreed expenditure plan for all elements of the BCF	PR7	Yes
Metrics	PR8	Yes

Better Care Fund 2021-22 Template

4. Income

Selected Health and Wellbeing Board:

Surrey

Local Authority Contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
Surrey	£10,155,847
DFG breakdown for two-tier areas only (where applicable)	
Elmbridge	£976,997
Epsom and Ewell	£785,282
Guildford	£805,901
Mole Valley	£886,819
Reigate and Banstead	£1,286,692
Runnymede	£874,205
Spelthorne	£943,241
Surrey Heath	£884,021
Tandridge	£522,380
Waverley	£852,606
Woking	£1,337,703
Total Minimum LA Contribution (exc iBCF)	£10,155,847

iBCF Contribution	Contribution
Surrey	£11,073,082
Total iBCF Contribution	£11,073,082

Are any additional LA Contributions being made in 2021-22? If yes, please detail below	Yes
--	-----

Local Authority Additional Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
Surrey	£1,553,614	Carry forward from 20/21
Surrey	£472,652	Additional LA contribution
Total Additional Local Authority Contribution	£2,026,266	

CCG Minimum Contribution	Contribution
NHS East Berkshire CCG	£820,959
NHS East Surrey CCG	£12,478,307
NHS Guildford and Waverley CCG	£13,928,320
NHS North East Hampshire and Farnham CCG	£3,047,653
NHS North West Surrey CCG	£23,908,398
NHS Surrey Downs CCG	£19,998,738
NHS Surrey Heath CCG	£6,445,138
Total Minimum CCG Contribution	£80,627,513

Are any additional CCG Contributions being made in 2021-22? If yes, please detail below	Yes
---	-----

Additional CCG Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
NHS East Surrey CCG	£3,545,589	Carry forward from 20/21
NHS Guildford and Waverley CCG	£223,792	Carry forward from 20/21
NHS North East Hampshire and Farnham CCG	£163,121	Carry forward from 20/21
NHS Surrey Downs CCG	£446,624	Carry forward from 20/21
NHS Surrey Heath CCG	£484,002	Carry forward from 20/21
NHS East Berkshire CCG	£160,121	Carry forward from 20/21
NHS North West Surrey CCG	£130,364	Carry forward from 20/21
Total Additional CCG Contribution	£5,153,614	
Total CCG Contribution	£85,781,127	

	2021-22
Total BCF Pooled Budget	£109,036,322

Funding Contributions Comments

Optional for any useful detail e.g. Carry over

[Empty yellow box for comments]

Better Care Fund 2021-22 Template

5. Expenditure

Selected Health and Wellbeing Board:

Surrey

[<< Link to summary sheet](#)

Running Balances	Income	Expenditure	Balance
DFG	£10,155,847	£10,155,847	£0
Minimum CCG Contribution	£80,627,513	£80,627,513	£0
iBCF	£11,073,082	£11,073,082	£0
Additional LA Contribution	£2,026,266	£2,026,266	£0
Additional CCG Contribution	£5,153,614	£5,153,614	£0
Total	£109,036,322	£109,036,322	£0

Required Spend

This is in relation to National Conditions 2 and 3 only. It does NOT make up the total Minimum CCG Contribution (on row 31 above).

	Minimum Required Spend	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the minimum CCG allocation	£22,914,695	£33,629,748	£0
Adult Social Care services spend from the minimum CCG allocations	£47,499,054	£48,073,581	£0

Checklist

Column complete:

Yes													
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Sheet complete

Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Planned Expenditure								New/ Existing Scheme
						Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Expenditure (£)	
1	ES 1a - Responsibilities under the Care	Homecare Service Provision	Care Act Implementation Related Duties	Carer advice and support		Social Care		LA			Local Authority	Minimum CCG Contribution	£373,696	Existing
2	ES 1b - Responsibilities under the Care	Advocacy	Care Act Implementation Related Duties	Independent Mental Health Advocacy		Social Care		LA			Local Authority	Minimum CCG Contribution	£4,552	Existing
3	ES 1c - Responsibilities under the Care	Safeguarding	Care Act Implementation Related Duties	Other	Safeguarding Board	Social Care		LA			Local Authority	Minimum CCG Contribution	£17,752	Existing
4	ES 2 - Carers Funding	Carers Contracts	Carers Services	Respite services		Social Care		LA			Local Authority	Minimum CCG Contribution	£380,000	Existing
5	ES 3 - Health Commissioned Services	Community Health Contracts	Community Based Schemes	Multidisciplinary teams that are supporting		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£4,066,575	Existing
6	ES 4 - Prescription Schemes	Social Prescription	Prevention / Early Intervention	Social Prescribing		Social Care		CCG			Local Authority	Minimum CCG Contribution	£518,005	Existing
7	ES 5 - Community Grants	Grants to Community Organisations	Community Based Schemes	Integrated neighbourhood services		Community Health		CCG			Charity / Voluntary Sector	Minimum CCG Contribution	£143,650	Existing

8	ES 6 - Supported Employment	Mental Health Employment Support	Prevention / Early Intervention	Other	Employment Support	Social Care		CCG			Charity / Voluntary Sector	Minimum CCG Contribution	£120,341	Existing
9	ES 7 - FCHC Discharge to Assess	D2A	High Impact Change Model for Managing	Home First/Discharge to Assess - process		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£205,718	Existing
10	ES 8 - Community Schemes	Grants to Community Organisations	Community Based Schemes	Integrated neighbourhood services		Community Health		CCG			CCG	Minimum CCG Contribution	£538,773	Existing
11	ES 9 - Home from Hospital	Home First	High Impact Change Model for Managing	Home First/Discharge to Assess - process		Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£88,000	Existing
12	ES 10 - Stroke Support	Contribution to Stroke Support contract	Integrated Care Planning and Navigation	Care navigation and planning		Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£17,000	Existing
13	ES 11 - TECS	Technology Enabled Care Services	Assistive Technologies and Equipment	Telecare		Social Care		LA			Local Authority	Minimum CCG Contribution	£120,000	Existing
14	ES 12 - Information & Advice	Information and advice for the public to navigate the care sector	Integrated Care Planning and Navigation	Care navigation and planning		Social Care		LA			Local Authority	Minimum CCG Contribution	£36,881	Existing
15	ES 13a - Mental Health Community	Mental Health Support	Prevention / Early Intervention	Other	Mental Health community support	Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£226,513	Existing
16	ES 13b - Mental Health Community	Mental Health Support	Prevention / Early Intervention	Other	Mental Health community support	Social Care		LA			Charity / Voluntary Sector	Additional LA Contribution	£72,836	Existing
17	ES 14 - Handy Persons	Handy Persons - not DFG funded	Housing Related Schemes			Social Care		LA			Local Authority	Minimum CCG Contribution	£41,046	Existing
18	ES 15 - Community Equipment	Community Equipment Service	Assistive Technologies and Equipment	Community based equipment		Social Care		Joint	50.0%	50.0%	Private Sector	Minimum CCG Contribution	£495,139	Existing
19	ES - 16 Autism Friendly Communities	Providing support to communities in Surrey to be inclusive of people	Community Based Schemes	Integrated neighbourhood services		Social Care		LA			Local Authority	Minimum CCG Contribution	£3,500	New
20	ES 17 - BCF Administration	Staffing costs	Enablers for Integration	Joint commissioning infrastructure		Other	Staffing Costs	LA			Local Authority	Minimum CCG Contribution	£6,909	Existing
21	ES 18 - Disabled Facilities Grant	Funding passported to Borough and District Councils	DFG Related Schemes	Adaptations, including statutory DFG		Social Care		LA			Local Authority	DFG	£1,268,237	Existing
22	ES 19 - Improve BCF 21/22	Support to D2A process through Care Home packages	Residential Placements	Discharge from hospital (with reablement) to		Social Care		LA			Local Authority	iBCF	£1,679,134	Existing
23	ES 20 - CCG Carry Forward from 20/21	This is the carryforward from the previous year, bids are made against	Community Based Schemes	Other	Carry forward	Community Health		CCG			CCG	Additional CCG Contribution	£3,545,589	Existing
24	ES 21 SCC Carry Forward from 20/21	This is the carryforward from the previous year, bids are made against	Community Based Schemes	Other	Carry forward	Social Care		LA			Local Authority	Additional LA Contribution	£245,589	Existing
25	GW 1a - Responsibilities under the Care	Homecare Service Provision	Care Act Implementation Related Duties	Carer advice and support		Social Care		LA			Local Authority	Minimum CCG Contribution	£427,399	Existing
26	GW 1b - Responsibilities under the Care	Advocacy	Care Act Implementation Related Duties	Independent Mental Health Advocacy		Social Care		LA			Local Authority	Minimum CCG Contribution	£5,207	Existing

27	GW 1c - Responsibilities under the Care	Safeguarding	Care Act Implementation Related Duties	Other	Safeguarding Board	Social Care		LA			Local Authority	Minimum CCG Contribution	£20,394	Existing
28	GW 2 - Carers Funding	Carers Contracts	Carers Services	Respite services		Social Care		LA			Local Authority	Minimum CCG Contribution	£435,000	Existing
29	GW 3 - Health Commissioned Services	Community Health Contracts	Community Based Schemes	Multidisciplinary teams that are supporting		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£3,878,840	Existing
30	GW 4 - Supported Employment	Mental Health Employment Support	Prevention / Early Intervention	Other	Employment Support	Social Care		CCG			Charity / Voluntary Sector	Minimum CCG Contribution	£141,927	Existing
31	GW 5 - End of Life Care - Contract	End of Life Contract	Integrated Care Planning and Navigation	Care navigation and planning		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£168,501	Existing
32	GW 6 - Psychiatric Liaison Services	Mental Health Support	Prevention / Early Intervention	Other	Psychiatric Liaison	Mental Health		CCG			NHS Mental Health Provider	Minimum CCG Contribution	£174,983	Existing
33	GW 7 - Mental Health wards	Mental Health Support	High Impact Change Model for Managing	Multi-Disciplinary/Multi-Agency Discharge		Mental Health		LA			Local Authority	Minimum CCG Contribution	£162,740	Existing
34	GW 8 - Funding for NEA in acute	Contributions to Acute contracts	Other		Acute contracts	Acute		CCG			NHS Acute Provider	Minimum CCG Contribution	£200,000	Existing
35	GW 9 - Blue Box	Discharge to Care Homes	High Impact Change Model for Managing	Improved discharge to Care Homes		Community Health		CCG			CCG	Minimum CCG Contribution	£6,054	Existing
36	GW 10 - Falls Co-ordinator	Falls Prevention	Community Based Schemes	Integrated neighbourhood services		Community Health		CCG			Local Authority	Minimum CCG Contribution	£54,590	Existing
37	GW 11 - Care Home Matrons	Discharge to Care Homes	High Impact Change Model for Managing	Improved discharge to Care Homes		Community Health		CCG			Private Sector	Minimum CCG Contribution	£77,187	Existing
38	GW 12 - Hoppa Bus	Relieving pressure in A&E/reduce admissions	High Impact Change Model for Managing	Monitoring and responding to system demand		Social Care		CCG			Local Authority	Minimum CCG Contribution	£160,363	Existing
39	GW 13 - Let's get steady, Fall prevention	Falls Prevention	Community Based Schemes	Integrated neighbourhood services		Community Health		CCG			Local Authority	Minimum CCG Contribution	£26,000	Existing
40	GW 14 - Very High Intensity Users Programme	Focused support for High Intensity Users	Integrated Care Planning and Navigation	Support for implementation of anticipatory care		Community Health		CCG			CCG	Minimum CCG Contribution	£56,067	Existing
41	GW 15 - Reconnections matched funding	Match funding for Reconnections contract	Community Based Schemes	Integrated neighbourhood services		Community Health		CCG			CCG	Minimum CCG Contribution	£50,000	Existing
42	GW 16 - Carers Partnership Manager shortfall	Staffing costs	Enablers for Integration	Joint commissioning infrastructure		Community Health		CCG			CCG	Minimum CCG Contribution	£18,128	Existing
43	GW 17 - Community Schemes	Grants to Community Organisations	Community Based Schemes	Integrated neighbourhood services		Community Health		CCG			CCG	Minimum CCG Contribution	£524,195	Existing
44	GW 18 - Falls Prevention Packs	Falls Prevention	Community Based Schemes	Integrated neighbourhood services		Community Health		CCG			Local Authority	Minimum CCG Contribution	£10,136	New
45	GW 19 - GP in A&E	GP based in A&E	Community Based Schemes	Low level support for simple hospital discharges		Primary Care		CCG			NHS Community Provider	Minimum CCG Contribution	£86,065	New

46	GW 20 - Social Prescribing Administrator	Social Prescription	Prevention / Early Intervention	Social Prescribing		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£33,000	New
47	GW 21 - Home from Hospital	Home First	High Impact Change Model for Managing	Home First/Discharge to Assess - process		Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£49,000	Existing
48	GW 22 - Stroke Support	Contribution to Stroke Support contract	Integrated Care Planning and Navigation	Care navigation and planning		Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£20,000	Existing
49	GW 23 - TECS	Technology Enabled Care Services	Assistive Technologies and Equipment	Telecare		Social Care		LA			Local Authority	Minimum CCG Contribution	£107,000	Existing
50	GW 24 - Information and Advice	Information and advice for the public to navigate the care sector	Integrated Care Planning and Navigation	Care navigation and planning		Social Care		LA			Local Authority	Minimum CCG Contribution	£43,180	Existing
51	GW 25a - Mental Health Community	Mental Health Support	Prevention / Early Intervention	Other	Mental Health community support	Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£258,264	Existing
52	GW 25b - Mental Health Community	Mental Health Support	Prevention / Early Intervention	Other	Mental Health community support	Social Care		LA			Charity / Voluntary Sector	Additional LA Contribution	£83,044	Existing
53	GW 26 - Handy Persons	Handy Persons - not DFG funded	Housing Related Schemes			Social Care		LA			Local Authority	Minimum CCG Contribution	£44,186	Existing
54	GW 27 - Community Equipment	Community Equipment Service	Assistive Technologies and Equipment	Community based equipment		Social Care		Joint	50.0%	50.0%	Private Sector	Minimum CCG Contribution	£586,216	Existing
55	GW 28 - Social Prescribing	Social Prescription	Prevention / Early Intervention	Social Prescribing		Community Health		CCG			Charity / Voluntary Sector	Minimum CCG Contribution	£60,000	Existing
56	GW 29 - Safe & Settled	Discharge from Hospital - low level support required	Community Based Schemes	Low level support for simple hospital discharges		Social Care		LA			Local Authority	Minimum CCG Contribution	£65,443	New
57	GW 30 - BCF Administration	Staffing costs	Enablers for Integration	Joint commissioning infrastructure		Other	Staffing Costs	LA			Local Authority	Minimum CCG Contribution	£7,895	Existing
58	GW 31 - Disabled Facilities Grant	Funding passported to Borough and District Councils	DFG Related Schemes	Adaptations, including statutory DFG		Social Care		LA			Local Authority	DFG	£1,253,448	Existing
59	GW 32 - Improve BCF 21/22	Support to D2A process through Care Home packages	Residential Placements	Discharge from hospital (with reablement) to		Social Care		LA			Local Authority	iBCF	£1,922,931	Existing
60	GW 33 - CCG Carry Forward from 20/21	This is the carryforward from the previous year, bids are made against	Community Based Schemes	Other	Carry forward	Community Health		CCG			CCG	Additional CCG Contribution	£223,792	Existing
61	GW 34 - SCC Carry Forward 20/21	This is the carryforward from the previous year, bids are made against	Community Based Schemes	Other	Carry forward	Social Care		LA			Local Authority	Additional LA Contribution	£223,792	Existing
62	NW 1a - Responsibilities under the Care	Homecare Service Provision	Care Act Implementation Related Duties	Carer advice and support		Social Care		LA			Local Authority	Minimum CCG Contribution	£734,033	Existing
63	NW 1b - Responsibilities under the Care	Advocacy	Care Act Implementation Related Duties	Independent Mental Health Advocacy		Social Care		LA			Local Authority	Minimum CCG Contribution	£8,943	Existing
64	NW 1c - Responsibilities under the Care	Safeguarding	Care Act Implementation Related Duties	Other	Safeguarding Board	Social Care		LA			Local Authority	Minimum CCG Contribution	£35,025	Existing

65	NW 2 - Carers Funding	Carers Contracts	Carers Services	Respite services		Social Care		LA			Local Authority	Minimum CCG Contribution	£747,000	Existing
66	NW 3 - Health Commissioned Services	Community Health Contracts	Community Based Schemes	Multidisciplinary teams that are supporting		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£7,120,650	Existing
67	NW 4 - Supported Employment	Mental Health Employment Support	Prevention / Early Intervention	Other	Employment Support	Social Care		CCG			Charity / Voluntary Sector	Minimum CCG Contribution	£237,148	Existing
68	NW 5 - Mental Health Virtual Wards	Mental Health Support	Personalised Care at Home	Mental health /wellbeing		Primary Care		CCG			NHS Community Provider	Minimum CCG Contribution	£414,132	Existing
69	NW 6 - Acute Contributions	Contributions to Acute contracts	Other		Acute contracts	Acute		CCG			NHS Acute Provider	Minimum CCG Contribution	£1,687,000	Existing
70	NW 7 - Community Schemes	Grants to Community Organisations	Community Based Schemes	Integrated neighbourhood services		Community Health		CCG			CCG	Minimum CCG Contribution	£605,119	Existing
71	NW 8 - Home from Hospital	Home First	High Impact Change Model for Managing	Home First/Discharge to Assess - process		Social Care		LA			Local Authority	Minimum CCG Contribution	£96,998	Existing
72	NW 9 - Stroke Support	Contribution to Stroke Support contract	Integrated Care Planning and Navigation	Care navigation and planning		Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£33,000	Existing
73	NW 10 - TECS	Technology Enabled Care Services	Assistive Technologies and Equipment	Telecare		Social Care		LA			Local Authority	Minimum CCG Contribution	£210,000	Existing
74	NW 11 - Information & Advice	Information and advice for the public to navigate the care sector	Integrated Care Planning and Navigation	Care navigation and planning		Social Care		LA			Local Authority	Minimum CCG Contribution	£71,104	Existing
75	NW 12a - Mental Health Community	Mental Health Support	Prevention / Early Intervention	Other	Mental Health community support	Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£441,414	Existing
76	NW 12b - Mental Health Community	Mental Health Support	Prevention / Early Intervention	Other	Mental Health community support	Social Care		LA			Charity / Voluntary Sector	Additional LA Contribution	£141,938	Existing
77	NW 13 - Handy Persons	Handy Persons - not DFG funded	Housing Related Schemes			Social Care		LA			Local Authority	Minimum CCG Contribution	£90,056	Existing
78	NW 14 - Community Equipment	Community Equipment Service	Assistive Technologies and Equipment	Community based equipment		Social Care		Joint	50.0%	50.0%	Private Sector	Minimum CCG Contribution	£810,538	Existing
79	NW 15 - BCF Administration	Staffing costs	Enablers for Integration	Joint commissioning infrastructure		Other	Staffing Costs	LA			Local Authority	Minimum CCG Contribution	£12,824	Existing
80	NW 16 - Disabled Facilities Grant	Funding passported to Borough and District Councils	DFG Related Schemes	Adaptations, including statutory DFG		Social Care		LA			Local Authority	DFG	£3,622,770	Existing
81	NW 17 - Improve BCF 20/21	Support to D2A process through Care Home packages	Residential Placements	Discharge from hospital (with reablement) to		Social Care		LA			Local Authority	iBCF	£3,300,370	Existing
82	NW 18 - SCC Carry forward from 20/21	This is the carryforward from the previous year, bids are made against	Community Based Schemes	Other	Carry forward	Social Care		LA			Local Authority	Additional LA Contribution	£130,364	Existing
83	NW 19 - CCG Carry forward from 20/21	This is the carryforward from the previous year, bids are made against	Community Based Schemes	Other	Carry forward	Community Health		CCG			CCG	Additional CCG Contribution	£130,364	Existing

84	SD 1a - New responsibilities under the Care	Homecare Service Provision	Care Act Implementation Related Duties	Carer advice and support		Social Care		LA			Local Authority	Minimum CCG Contribution	£610,436	Existing
85	SD 1b - New responsibilities under the Care	Advocacy	Care Act Implementation Related Duties	Independent Mental Health Advocacy		Social Care		LA			Local Authority	Minimum CCG Contribution	£7,437	Existing
86	SD 1c - New responsibilities under the Care	Safeguarding	Care Act Implementation Related Duties	Other	Safeguarding Board	Social Care		LA			Local Authority	Minimum CCG Contribution	£29,127	Existing
87	SD 2 - Carers Funding	Carers Contracts	Carers Services	Respite services		Social Care		LA			Local Authority	Minimum CCG Contribution	£621,000	Existing
88	SD 3 - Health Commissioned Services	Community Health Contracts	Community Based Schemes	Multidisciplinary teams that are supporting		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£5,805,580	Existing
89	SD 4 - Supported Employment	Mental Health Employment Support	Prevention / Early Intervention	Other	Employment Support	Social Care		CCG			Charity / Voluntary Sector	Minimum CCG Contribution	£173,715	Existing
90	SD 5 - End of Life Care Contract	End of Life Contract	Integrated Care Planning and Navigation	Care navigation and planning		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£318,160	Existing
91	SD 6 - Integrated Teams	Integrated Community Health Team	High Impact Change Model for Managing	Multi-Disciplinary/Multi-Agency Discharge		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£502,685	Existing
92	SD 7 - Care Home support post	Support to Care Homes	Integrated Care Planning and Navigation	Care navigation and planning		Continuing Care		CCG			CCG	Minimum CCG Contribution	£37,000	Existing
93	SD 8 - Mental Health - Psychiatric Liaison	Mental Health Support	Prevention / Early Intervention	Other	Psychiatric Liaison	Mental Health		CCG			NHS Mental Health Provider	Minimum CCG Contribution	£429,817	Existing
94	SD 9 - Local CCG Schemes mapped to BCF projects	Various small contracts	Community Based Schemes	Integrated neighbourhood services		Community Health		CCG			CCG	Minimum CCG Contribution	£83,899	Existing
95	SD 10 - Funding for NEA in acute	Contributions to Acute contracts	Other		Acute contracts	Acute		CCG			NHS Acute Provider	Minimum CCG Contribution	£334,000	Existing
96	SD 11 - Community Schemes	Grants to Community Organisations	Community Based Schemes	Integrated neighbourhood services		Community Health		CCG			CCG	Minimum CCG Contribution	£582,471	Existing
97	SD 12 - Hospital to Home Support Service	Home First	High Impact Change Model for Managing	Home First/Discharge to Assess - process		Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£70,000	Existing
98	SD 13 - Stroke Support	Contribution to Stroke Support contract	Integrated Care Planning and Navigation	Care navigation and planning		Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£31,000	Existing
99	SD 14 - TECS	Technology Enabled Care Services	Assistive Technologies and Equipment	Telecare		Social Care		LA			Local Authority	Minimum CCG Contribution	£225,000	Existing
100	SD 15 - Information & Advice	Information and advice for the public to navigate the care sector	Integrated Care Planning and Navigation	Care navigation and planning		Social Care		LA			Local Authority	Minimum CCG Contribution	£63,357	Existing
101	SD 16a - Mental Health Community	Mental Health Support	Prevention / Early Intervention	Other	Mental Health community support	Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£352,044	Existing
102	SD 16b - Mental Health Community	Mental Health Support	Prevention / Early Intervention	Other	Mental Health community support	Social Care		LA			Charity / Voluntary Sector	Additional LA Contribution	£113,200	Existing

103	SD 17 - Handy Persons	Handy Persons - not DFG funded	Housing Related Schemes			Social Care		LA			Local Authority	Minimum CCG Contribution	£66,178	Existing
104	SD 18 - Community Equipment	Community Equipment Service	Assistive Technologies and Equipment	Community based equipment		Social Care		Joint	50.0%	50.0%	Private Sector	Minimum CCG Contribution	£840,202	Existing
105	SD 19 - Social Precribing	Social Prescription	Prevention / Early Intervention	Social Prescribing		Social Care		LA			Local Authority	Minimum CCG Contribution	£103,000	Existing
106	SD 20 - BCF Administration	Staffing costs	Enablers for Integration	Joint commissioning infrastructure		Other	Staffing Costs	LA			Local Authority	Minimum CCG Contribution	£10,854	Existing
107	SD 21 - Disabled Facilities Grant	Funding passported to Borough and District Councils	DFG Related Schemes	Adaptations, including statutory DFG		Social Care		LA			Local Authority	DFG	£2,763,648	Existing
108	SD 22 - Improve BCF 21/22	Support to D2A process through Care Home packages	Residential Placements	Discharge from hospital (with reablement) to		Social Care		LA			Local Authority	iBCF	£2,744,174	Existing
109	SD 23 - CCG Carry Forward from 20/21	This is the carryforward from the previous year, bids are made against	Community Based Schemes	Other	Carry forward	Community Health		CCG			CCG	Additional CCG Contribution	£446,624	Existing
110	SD 24 - SCC Carry Forward from 20/21	This is the carryforward from the previous year, bids are made against	Community Based Schemes	Other	Carry forward	Social Care		LA			Local Authority	Additional LA Contribution	£446,624	Existing
111	NEHF 1a - Responsibilities under the Care	Homecare Service Provision	Care Act Implementation Related Duties	Carer advice and support		Social Care		LA			Local Authority	Minimum CCG Contribution	£92,462	Existing
112	NEHF 1b - Responsibilities under the Care	Advocacy	Care Act Implementation Related Duties	Independent Mental Health Advocacy		Social Care		LA			Local Authority	Minimum CCG Contribution	£1,126	Existing
113	NEHF 1c - Responsibilities under the Care	Safeguarding	Care Act Implementation Related Duties	Other	Safeguarding Board	Social Care		LA			Local Authority	Minimum CCG Contribution	£4,412	Existing
114	NEHF 2 - Carers Funding	Carers Contracts	Carers Services	Respite services		Social Care		LA			Local Authority	Minimum CCG Contribution	£94,000	Existing
115	NEHF 3 - Health Commissioned Services	Community Health Contracts	Community Based Schemes	Multidisciplinary teams that are supporting		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£1,061,934	Existing
116	NEHF 4 - Supported Employment	Mental Health Employment Support	Prevention / Early Intervention	Other	Employment Supp	Social Care		CCG			Charity / Voluntary Sector	Minimum CCG Contribution	£31,396	Existing
117	NEHF 5 - End of Life Care - Contract	End of Life Contract	Integrated Care Planning and Navigation	Care navigation and planning		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£37,500	Existing
118	NEHF 6 - Integrated Team Management	Staffing costs	Enablers for Integration	Integrated models of provision		Social Care		CCG			Local Authority	Minimum CCG Contribution	£60,000	Existing
119	NEHF 7 - Discharge to Assess	D2A	High Impact Change Model for Managing	Home First/Discharge to Assess - process		Community Health		CCG			CCG	Minimum CCG Contribution	£40,000	Existing
120	NEHF 7a - Community Schemes	Grants to Community Organisations	Community Based Schemes	Integrated neighbourhood services		Community Health		CCG			CCG	Minimum CCG Contribution	£121,837	Existing
121	NEHF 8 - Home from Hospital	Home First	High Impact Change Model for Managing	Home First/Discharge to Assess - process		Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£5,070	Existing

122	NEHF 9 - Stroke Support	Contribution to Stroke Support contract	Integrated Care Planning and Navigation	Care navigation and planning		Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£5,000	Existing
123	NEHF 10 - TECS	Technology Enabled Care Services	Assistive Technologies and Equipment	Telecare		Social Care		LA			Local Authority	Minimum CCG Contribution	£24,000	Existing
124	NEHF 11 - Information & Advice	Information and advice for the public to navigate the care sector	Integrated Care Planning and Navigation	Care navigation and planning		Social Care		LA			Local Authority	Minimum CCG Contribution	£9,566	Existing
125	NEHF 12a - Mental Health Community	Mental Health Support	Prevention / Early Intervention	Other	Mental Health community support	Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£52,623	Existing
126	NEHF 12b - Mental Health Community	Mental Health Support	Prevention / Early Intervention	Other	Mental Health community support	Social Care		LA			Charity / Voluntary Sector	Additional LA Contribution	£16,921	Existing
127	NEHF 13 - Handy Persons	Handy Persons - not DFG funded	Housing Related Schemes			Social Care		LA			Local Authority	Minimum CCG Contribution	£11,039	Existing
128	NEHF 14 - Community Equipment	Community Equipment Service	Assistive Technologies and Equipment	Community based equipment		Social Care		Joint	50.0%	50.0%	Private Sector	Minimum CCG Contribution	£188,141	Existing
129	NEHF 15 - BCF Administration	Staffing costs	Enablers for Integration	Joint commissioning infrastructure		Other	Staffing Costs	LA			Local Authority	Minimum CCG Contribution	£1,966	Existing
130	NEHF 16 - Disabled Facilities Grant	Funding passported to Borough and District Councils	DFG Related Schemes	Adaptations, including statutory DFG		Social Care		LA			Local Authority	DFG	£282,969	Existing
131	NEHF 17 - Improve BCF 21/22	Support to D2A process through Care Home packages	Residential Placements	Discharge from hospital (with reablement) to		Social Care		LA			Local Authority	iBCF	£415,979	Existing
132	NEHF 18 - CCG Carry Forward from 20/21	This is the carryforward from the previous year, bids are made against	Community Based Schemes	Other	Carry forward	Community Health		CCG			CCG	Additional CCG Contribution	£163,121	Existing
133	NEHF 20 - SCC Carry Forward from 20/21	This is the carryforward from the previous year, bids are made against	Community Based Schemes	Other	Carry forward	Social Care		LA			Local Authority	Additional LA Contribution	£163,121	Existing
134	EB 1a - New Responsibilities under the Care	Homecare Service Provision	Care Act Implementation Related Duties	Carer advice and support		Social Care		LA			Local Authority	Minimum CCG Contribution	£24,531	Existing
135	EB 1b - New Responsibilities under the Care	Advocacy	Care Act Implementation Related Duties	Independent Mental Health Advocacy		Social Care		LA			Local Authority	Minimum CCG Contribution	£299	Existing
136	EB 1c - New Responsibilities under the Care	Safeguarding	Care Act Implementation Related Duties	Other	Safeguarding Board	Social Care		LA			Local Authority	Minimum CCG Contribution	£1,170	Existing
137	EB 2 - Carers Funding	Carers Contracts	Carers Services	Respite services		Social Care		LA			Local Authority	Minimum CCG Contribution	£25,000	Existing
138	EB 3 - Health Commissioned Services	Community Health Contracts	Community Based Schemes	Multidisciplinary teams that are supporting		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£235,143	Existing
139	EB 4 - Podiatry - Frimley NHS	Podiatry Service	Community Based Schemes	Integrated neighbourhood services		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£22,495	Existing
140	EB 5 - D2A Risk Contingency Pool	D2A	High Impact Change Model for Managing	Home First/Discharge to Assess - process		Community Health		CCG			CCG	Minimum CCG Contribution	£10,600	Existing

141	EB 6 - End Of Life - TVHC	End of Life Contract	Integrated Care Planning and Navigation	Care navigation and planning		Community Health		CCG			Charity / Voluntary Sector	Minimum CCG Contribution	£25,000	Existing
142	EB 7 - Commissioning Reserve	Support to Commissioning	Enablers for Integration	Joint commissioning infrastructure		Community Health		CCG			CCG	Minimum CCG Contribution	£48,905	Existing
143	EB 8 - Stroke Support	Contribution to Stroke Support contract	Integrated Care Planning and Navigation	Care navigation and planning		Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£1,000	Existing
144	EB 9 - TECS	Technology Enabled Care Services	Assistive Technologies and Equipment	Telecare		Social Care		LA			Local Authority	Minimum CCG Contribution	£8,000	Existing
145	EB 10 - Information & Advice	Information and advice for the public to navigate the care sector	Integrated Care Planning and Navigation	Care navigation and planning		Social Care		LA			Local Authority	Minimum CCG Contribution	£2,090	Existing
146	EB 11a - Mental Health Community	Mental Health Support	Prevention / Early Intervention	Other	Mental Health community support	Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£17,198	Existing
147	EB 11b - Mental Health Community	Mental Health Support	Prevention / Early Intervention	Other	Mental Health community support	Social Care		LA			Charity / Voluntary Sector	Additional LA Contribution	£5,530	Existing
148	EB 12 - Handy Persons	Handy Persons - not DFG funded	Housing Related Schemes			Social Care		LA			Local Authority	Minimum CCG Contribution	£4,355	Existing
149	EB 13 - Community Equipment	Community Equipment Service	Assistive Technologies and Equipment	Community based equipment		Social Care		Joint	50.0%	50.0%	Private Sector	Minimum CCG Contribution	£45,450	Existing
150	EB 14 - Community Schemes	Grants to Community Organisations	Community Based Schemes	Integrated neighbourhood services		Community Health		CCG			CCG	Minimum CCG Contribution	£31,634	Existing
151	EB 15 - Disabled Facilities Grant	Funding passported to Borough and District Councils	DFG Related Schemes	Adaptations, including statutory DFG		Social Care		LA			Local Authority	DFG	£82,287	Existing
152	EB 16 - Improve BCF 21/22	Support to D2A process through Care Home packages	Residential Placements	Discharge from hospital (with reablement) to		Social Care		LA			Local Authority	iBCF	£110,437	Existing
153	EB 17 - CCG Carry Forward from 20/21	This is the carryforward from the previous year, bids are made against	Community Based Schemes	Other	Carry forward	Community Health		CCG			CCG	Additional CCG Contribution	£160,121	Existing
154	EB 18 - SCC Carry Forward from 20/21	This is the carryforward from the previous year, bids are made against	Community Based Schemes	Other	Carry forward	Social Care		LA			Local Authority	Additional LA Contribution	£160,121	Existing
155	SH 1a - New responsibilities under the Care	Homecare Service Provision	Care Act Implementation Related Duties	Carer advice and support		Social Care		LA			Local Authority	Minimum CCG Contribution	£200,019	Existing
156	SH 1b - New responsibilities under the Care	Advocacy	Care Act Implementation Related Duties	Independent Mental Health Advocacy		Social Care		LA			Local Authority	Minimum CCG Contribution	£2,437	Existing
157	SH 1c - New responsibilities under the Care	Safeguarding	Care Act Implementation Related Duties	Other	Safeguarding Board	Social Care		LA			Local Authority	Minimum CCG Contribution	£9,544	Existing
158	SH 2 - Carers Funding	Carers Contracts	Carers Services	Respite services		Social Care		LA			Local Authority	Minimum CCG Contribution	£204,000	Existing
159	SH 3 - Health Commissioned Services	Community Health Contracts	Community Based Schemes	Multidisciplinary teams that are supporting		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£1,512,132	Existing

160	SH 4 - Supported Employment	Mental Health Employment Support	Prevention / Early Intervention	Other	Employment Support	Social Care		CCG			Charity / Voluntary Sector	Minimum CCG Contribution	£83,615	Existing
161	SH 5 - End of Life Care Contract	End of Life Contract	Integrated Care Planning and Navigation	Care navigation and planning		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£77,626	Existing
162	SH 6 - End of Life Care Clinical Lead	Staffing costs	Integrated Care Planning and Navigation	Care navigation and planning		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£11,093	Existing
163	SH 7 - Mental Health - Psychiatric Liaison	Mental Health Support	Prevention / Early Intervention	Other	Psychiatric Liaison	Mental Health		CCG			NHS Mental Health Provider	Minimum CCG Contribution	£198,000	Existing
164	SH 8 - Integrated Care Team	Staffing costs	Enablers for Integration	Integrated models of provision		Social Care		CCG			CCG	Minimum CCG Contribution	£383,861	Existing
165	SH 9a - Out of Hospital	D2A	High Impact Change Model for Managing	Home First/Discharge to Assess - process		Social Care		LA			CCG	Minimum CCG Contribution	£137,829	Existing
166	SH 9b - Out of Hospital	D2A	High Impact Change Model for Managing	Home First/Discharge to Assess - process		Social Care		CCG			CCG	Minimum CCG Contribution	£59,069	Existing
167	SH 9c - Out of Hospital	D2A	High Impact Change Model for Managing	Home First/Discharge to Assess - process		Social Care		CCG			CCG	Minimum CCG Contribution	£5,099	Existing
168	SH 9d - Out of Hospital	D2A	High Impact Change Model for Managing	Home First/Discharge to Assess - process		Social Care		LA			CCG	Minimum CCG Contribution	£5,099	Existing
169	SH 10a - Social Prescribing Post	Social Prescription	Prevention / Early Intervention	Social Prescribing		Community Health		CCG			CCG	Minimum CCG Contribution	£32,000	Existing
170	SH 10b - Social Prescribing Post	Social Prescription	Prevention / Early Intervention	Social Prescribing		Community Health		CCG			CCG	Minimum CCG Contribution	£32,000	Existing
171	SH 11a - Time to Talk	Mental Health Support	Personalised Care at Home	Mental health /wellbeing		Mental Health		CCG			Charity / Voluntary Sector	Minimum CCG Contribution	£10,000	Existing
172	SH 11b - Time to Talk	Mental Health Support	Personalised Care at Home	Mental health /wellbeing		Mental Health		CCG			CCG	Minimum CCG Contribution	£10,000	Existing
173	SH 12a - Neighbourhood resilience Social	Social Prescription	Prevention / Early Intervention	Social Prescribing		Community Health		CCG			CCG	Minimum CCG Contribution	£5,000	Existing
174	SH 12b - Neighbourhood resilience Social	Social Prescription	Prevention / Early Intervention	Social Prescribing		Community Health		CCG			CCG	Minimum CCG Contribution	£5,000	Existing
175	SH 13a - Locality Director	Staffing costs	Enablers for Integration	Integrated models of provision		Social Care		CCG			CCG	Minimum CCG Contribution	£26,490	Existing
176	SH 13b - Locality Director	Staffing costs	Enablers for Integration	Integrated models of provision		Social Care		CCG			CCG	Minimum CCG Contribution	£26,490	Existing
177	SH 14a - MH Case Worker (Homelessness)	Homelessness	Housing Related Schemes			Social Care		CCG			CCG	Minimum CCG Contribution	£6,250	Existing
178	SH 14b - MH Case Worker (Homelessness)	Homelessness	Housing Related Schemes			Social Care		CCG			CCG	Minimum CCG Contribution	£6,250	Existing

179	SH 14c - Community Schemes	Grants to Community Organisations	Community Based Schemes	Integrated neighbourhood services		Community Health		CCG			CCG	Minimum CCG Contribution	£209,756	Existing
180	SH 15 - Carer's E Learning	Carers Services	Carers Services	Other	E Learning	Social Care		CCG			CCG	Minimum CCG Contribution	£20,000	Existing
181	SH 16 - Home from Hospital	Home First	High Impact Change Model for Managing	Home First/Discharge to Assess - process		Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£10,920	Existing
182	SH 17 - Stroke Support	Contribution to Stroke Support contract	Integrated Care Planning and Navigation	Care navigation and planning		Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£9,000	Existing
183	SH 18 - TECS	Technology Enabled Care Services	Assistive Technologies and Equipment	Telecare		Social Care		LA			Local Authority	Minimum CCG Contribution	£55,000	Existing
184	SH 19 - Information & Advice	Information and advice for the public to navigate the care sector	Integrated Care Planning and Navigation	Care navigation and planning		Social Care		LA			Local Authority	Minimum CCG Contribution	£20,124	Existing
185	SH 20a - Mental Health Community	Mental Health Support	Prevention / Early Intervention	Other	Mental Health community support	Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£121,856	Existing
186	SH 20b - Mental Health Community	Mental Health Support	Prevention / Early Intervention	Other	Mental Health community support	Social Care		LA			Charity / Voluntary Sector	Additional LA Contribution	£39,183	Existing
187	SH 21 - Handy Persons	Handy Persons - not DFG funded	Housing Related Schemes			Social Care		LA			Local Authority	Minimum CCG Contribution	£29,348	Existing
188	SH 22 - Community Equipment	Community Equipment Service	Assistive Technologies and Equipment	Community based equipment		Social Care		Joint	50.0%	50.0%	Private Sector	Minimum CCG Contribution	£314,673	Existing
189	SH 23 - BCF Administration	Staffing costs	Enablers for Integration	Joint commissioning infrastructure		Other	Staffing Costs	LA			Local Authority	Minimum CCG Contribution	£3,951	Existing
190	SH 24 - Disabled Facilities Grant	Funding passported to Borough and District Councils	DFG Related Schemes	Adaptations, including statutory DFG		Social Care		LA			Local Authority	DFG	£882,488	Existing
191	SH 25 - Improve BCF 21/22	Support to D2A process through Care Home packages	Residential Placements	Discharge from hospital (with reablement) to		Social Care		LA			Local Authority	iBCF	£900,057	Existing
192	SH 26 - CCG Carry forward from 20/21	This is the carryforward from the previous year, bids are made against	Community Based Schemes	Other	Carry forward	Community Health		CCG			CCG	Additional CCG Contribution	£484,002	Existing
193	SH 27 - SCC Carry Forward from 20/21	This is the carryforward from the previous year, bids are made against	Community Based Schemes	Other	Carry forward	Social Care		LA			Local Authority	Additional LA Contribution	£184,002	Existing
194	CW 1 - Integrated Multi Disciplinary Teams - Social	Hospital, Reablement and Occupational Therapy Staffing	High Impact Change Model for Managing	Multi-Disciplinary/Multi-Agency Discharge		Social Care		LA			Local Authority	Minimum CCG Contribution	£3,868,853	Existing
195	CW 2 - Integrated Multi Disciplinary Teams - Mental	Integrated Mental Health Teams	High Impact Change Model for Managing	Multi-Disciplinary/Multi-Agency Discharge		Mental Health		LA			Local Authority	Minimum CCG Contribution	£250,243	Existing
196	CW 3 - Protection of Carers Service	Contribution to Carers Contracts	Carers Services	Respite services		Social Care		LA			Local Authority	Minimum CCG Contribution	£6,482,636	Existing
197	CW 4 - Protection of Community Equipment	Contribution to ASC Community Equipment Costs	Assistive Technologies and Equipment	Community based equipment		Social Care		LA			Local Authority	Minimum CCG Contribution	£2,100,000	Existing

198	CW 5 - Protection of Reablement Staffing	Contribution to ASC reablement costs	Reablement in a persons own home	Reablement service accepting community and		Social Care		LA			Local Authority	Minimum CCG Contribution	£5,835,154	Existing
199	CW 6 - Protection of Hospital ASC Teams	Contribution to ASC Hospital Staffing	High Impact Change Model for Managing	Multi-Disciplinary/Multi-Agency Discharge		Social Care		LA			Local Authority	Minimum CCG Contribution	£2,555,202	Existing
200	CW 7 - Protection of OP HBC	Contribution to Homecare Service Provision	Home Care or Domiciliary Care	Domiciliary care packages		Social Care		LA			Local Authority	Minimum CCG Contribution	£10,619,075	Existing
201	CW 8 - Protection of Collaborative Reablement	Reablement partnerships	Reablement in a persons own home	Reablement service accepting community and		Social Care		LA			Local Authority	Minimum CCG Contribution	£1,100,000	Existing
202	CW 9 - D2A Staffing	Contribution to ASC D2A Staffing costs	High Impact Change Model for Managing	Multi-Disciplinary/Multi-Agency Discharge		Social Care		LA			Local Authority	Minimum CCG Contribution	£1,000,000	New
203	CW 10 - All Age Autism Strategy	Providing support to people with Autism in Surrey	Integrated Care Planning and Navigation	Care navigation and planning		Social Care		LA			Local Authority	Minimum CCG Contribution	£500,000	New
204	GW 35 - Community Discharge Nurse	Planning discharge to community settings	Community Based Schemes	Low level support for simple hospital discharges		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£22,919	New
205	SD 25 - Community Connect	Technology Enabled Care Services	Assistive Technologies and Equipment	Digital participation services		Social Care		CCG			Charity / Voluntary Sector	Minimum CCG Contribution	£54,000	New
206	SD 26 - Care Home Improvement and	Care Home Improvement Coordinator to work	Community Based Schemes	Integrated neighbourhood services		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£37,000	New

2021-22 Revised Scheme types

Number	Scheme type/ services	Sub type	Description
1	Assistive Technologies and Equipment	<ol style="list-style-type: none"> 1. Telecare 2. Wellness services 3. Digital participation services 4. Community based equipment 5. Other 	Using technology in care processes to supportive self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Community based equipment, Digital participation services).
2	Care Act Implementation Related Duties	<ol style="list-style-type: none"> 1. Carer advice and support 2. Independent Mental Health Advocacy 3. Other 	Funding planned towards the implementation of Care Act related duties. The specific scheme sub types reflect specific duties that are funded via the CCG minimum contribution to the BCF.
3	Carers Services	<ol style="list-style-type: none"> 1. Respite services 2. Other 	<p>Supporting people to sustain their role as carers and reduce the likelihood of crisis.</p> <p>This might include respite care/carers breaks, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence.</p>
4	Community Based Schemes	<ol style="list-style-type: none"> 1. Integrated neighbourhood services 2. Multidisciplinary teams that are supporting independence, such as anticipatory care 3. Low level support for simple hospital discharges (Discharge to Assess pathway 0) 4. Other 	<p>Schemes that are based in the community and constitute a range of cross sector practitioners delivering collaborative services in the community typically at a neighbourhood/PCN level (eg: Integrated Neighbourhood Teams)</p> <p>Reablement services should be recorded under the specific scheme type 'Reablement in a person's own home'</p>
5	DFG Related Schemes	<ol style="list-style-type: none"> 1. Adaptations, including statutory DFG grants 2. Discretionary use of DFG - including small adaptations 3. Handyperson services 4. Other 	<p>The DFG is a means-tested capital grant to help meet the costs of adapting a property; supporting people to stay independent in their own homes.</p> <p>The grant can also be used to fund discretionary, capital spend to support people to remain independent in their own homes under a Regulatory Reform Order, if a published policy on doing so is in place. Schemes using this flexibility can be recorded under 'discretionary use of DFG' or 'handyperson services' as appropriate</p>
6	Enablers for Integration	<ol style="list-style-type: none"> 1. Data Integration 2. System IT Interoperability 3. Programme management 4. Research and evaluation 5. Workforce development 6. Community asset mapping 7. New governance arrangements 8. Voluntary Sector Business Development 9. Employment services 10. Joint commissioning infrastructure 11. Integrated models of provision 12. Other 	<p>Schemes that build and develop the enabling foundations of health, social care and housing integration, encompassing a wide range of potential areas including technology, workforce, market development (Voluntary Sector Business Development: Funding the business development and preparedness of local voluntary sector into provider Alliances/ Collaboratives) and programme management related schemes.</p> <p>Joint commissioning infrastructure includes any personnel or teams that enable joint commissioning. Schemes could be focused on Data Integration, System IT Interoperability, Programme management, Research and evaluation, Supporting the Care Market, Workforce development, Community asset mapping, New governance arrangements, Voluntary Sector Development, Employment services, Joint commissioning infrastructure amongst others.</p>

7	High Impact Change Model for Managing Transfer of Care	<ol style="list-style-type: none"> 1. Early Discharge Planning 2. Monitoring and responding to system demand and capacity 3. Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge 4. Home First/Discharge to Assess - process support/core costs 5. Flexible working patterns (including 7 day working) 6. Trusted Assessment 7. Engagement and Choice 8. Improved discharge to Care Homes 9. Housing and related services 10. Red Bag scheme 11. Other 	The eight changes or approaches identified as having a high impact on supporting timely and effective discharge through joint working across the social and health system. The Hospital to Home Transfer Protocol or the 'Red Bag' scheme, while not in the HICM, is included in this section.
8	Home Care or Domiciliary Care	<ol style="list-style-type: none"> 1. Domiciliary care packages 2. Domiciliary care to support hospital discharge (Discharge to Assess pathway 1) 3. Domiciliary care workforce development 4. Other 	A range of services that aim to help people live in their own homes through the provision of domiciliary care including personal care, domestic tasks, shopping, home maintenance and social activities. Home care can link with other services in the community, such as supported housing, community health services and voluntary sector services.
9	Housing Related Schemes		This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.
10	Integrated Care Planning and Navigation	<ol style="list-style-type: none"> 1. Care navigation and planning 2. Assessment teams/joint assessment 3. Support for implementation of anticipatory care 4. Other 	<p>Care navigation services help people find their way to appropriate services and support and consequently support self-management. Also, the assistance offered to people in navigating through the complex health and social care systems (across primary care, community and voluntary services and social care) to overcome barriers in accessing the most appropriate care and support. Multi-agency teams typically provide these services which can be online or face to face care navigators for frail elderly, or dementia navigators etc. This includes approaches such as Anticipatory Care, which aims to provide holistic, co-ordinated care for complex individuals.</p> <p>Integrated care planning constitutes a co-ordinated, person centred and proactive case management approach to conduct joint assessments of care needs and develop integrated care plans typically carried out by professionals as part of a multi-disciplinary, multi-agency teams.</p> <p>Note: For Multi-Disciplinary Discharge Teams related specifically to discharge, please select HICM as scheme type and the relevant sub-type. Where the planned unit of care delivery and funding is in the form of Integrated care packages and needs to be expressed in such a manner, please select the appropriate sub-type alongside.</p>
11	Bed based intermediate Care Services	<ol style="list-style-type: none"> 1. Step down (discharge to assess pathway-2) 2. Step up 3. Rapid/Crisis Response 4. Other 	Short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or avoidable admission to hospital or residential care. The care is person-centred and often delivered by a combination of professional groups. Four service models of intermediate care are: bed-based intermediate care, crisis or rapid response (including falls), home-based intermediate care, and reablement or rehabilitation. Home-based intermediate care is covered in Scheme-A and the other three models are available on the sub-types.

12	Reablement in a persons own home	<ol style="list-style-type: none"> 1. Preventing admissions to acute setting 2. Reablement to support discharge -step down (Discharge to Assess pathway 1) 3. Rapid/Crisis Response - step up (2 hr response) 4. Reablement service accepting community and discharge referrals 5. Other 	Provides support in your own home to improve your confidence and ability to live as independently as possible
13	Personalised Budgeting and Commissioning		Various person centred approaches to commissioning and budgeting, including direct payments.
14	Personalised Care at Home	<ol style="list-style-type: none"> 1. Mental health /wellbeing 2. Physical health/wellbeing 3. Other 	<p>Schemes specifically designed to ensure that a person can continue to live at home, through the provision of health related support at home often complemented with support for home care needs or mental health needs.</p> <p>This could include promoting self-management/expert patient, establishment of 'home ward' for intensive period or to deliver support over the longer term to maintain independence or offer end of life care for people. Intermediate care services provide shorter term support and care interventions as opposed to the ongoing support provided in this scheme type.</p>
15	Prevention / Early Intervention	<ol style="list-style-type: none"> 1. Social Prescribing 2. Risk Stratification 3. Choice Policy 4. Other 	Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and well being.
16	Residential Placements	<ol style="list-style-type: none"> 1. Supported living 2. Supported accommodation 3. Learning disability 4. Extra care 5. Care home 6. Nursing home 7. Discharge from hospital (with reablement) to long term residential care (Discharge to Assess Pathway 3) 8. Other 	Residential placements provide accommodation for people with learning or physical disabilities, mental health difficulties or with sight or hearing loss, who need more intensive or specialised support than can be provided at home.
17	Other		Where the scheme is not adequately represented by the above scheme types, please outline the objectives and services planned for the scheme in a short description in the comments column.

Better Care Fund 2021-22 Template

6. Metrics

Selected Health and Wellbeing Board:

Surrey

8.1 Avoidable admissions

	19-20 Actual	20-21 Actual	21-22 Plan	Overview Narrative	
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	Available from NHS Digital (link below) at local authority level. Please use as guideline only	708	673	The 21-22 plan represents a 5% reduction of Avoidable admissions from the forecast figure for 20/21 based on BCF supplied figure 2014-2019. Due to the predicted rise in Flu, COVID and other anticipated conditions, we believe that a 5% reduction in the projected 20/21 figure in avoidable admissions should be our core target for	Please set out the overall plan in the HWB area for reducing rates of unplanned hospitalisation for chronic ambulatory sensitive conditions, including any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric.
>> link to NHS Digital webpage					

8.2 Length of Stay

		21-22 Q3 Plan	21-22 Q4 Plan	Comments	
Percentage of in patients, resident in the HWB, who have been an inpatient in an acute hospital for: i) 14 days or more ii) 21 days or more As a percentage of all inpatients (SUS data - available on the Better Care Exchange)	Proportion of inpatients resident for 14 days or more	10.5%	10.4%	The figures are forecasts based on BCF supplied figures Apr 19 to Aug 21 and largely represent maintenance of performance given expected pressures on the system in 2020/21 following discussion with ICS and some colleagues from acute settings.	Please set out the overall plan in the HWB area for reducing the percentage of hospital inpatients with a long length of stay (14 days or over and 21 days and over) including a rationale for the ambitions that sets out how these have been reached in partnership with local hospital trusts, and an assessment of how the schemes and enabling activity in the BCF are expected to impact on the metric. See the main planning requirements document for more information.
	Proportion of inpatients resident for 21 days or more	5.6%	5.5%	Local ICSs have Urgent and Emergency Care Board to oversee the delivery of the urgent care strategy and maintain oversight of our system response to surge.	

8.3 Discharge to normal place of residence

	21-22 Plan	Comments	
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	91.2%	The figure is a forecast based on BCF supplied figures Apr 19 to Aug 21. Whilst representing a slight decline on latest figures it aligns with expected pressures during 21/22 and still represents a challenging ambition given the fluctuating data of the past 24 months.	Please set out the overall plan in the HWB area for improving the percentage of people who return to their normal place of residence on discharge from acute hospital, including a rationale for how the ambition was reached and an assessment of how the schemes and enabling activity in the BCF are expected to impact on the metric. See the main planning requirements document for more information.

8.4 Residential Admissions

		19-20 Plan	19-20 Actual	20-21 Actual	21-22 Plan	Comments
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	514	515	468	462	19-20 figures were provided by the BCF with this template. 20-21 figures were supplied via local intelligence team and suggested approach is to maintain 20/21 performance figure which given expected pressures continues to represent a challenging ambition given the reduction seen in 20/21.
	Numerator	1,175	1,173	1,076	1,076	
	Denominator	228,704	227,896	229,900	232,820	

Please set out the overall plan in the HWB area for reducing rates of admission to residential and nursing homes for people over the age of 65, including any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric.

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population (aged 65+) population projections are based on a calendar year using the 2018 based Sub-National Population Projections for Local Authorities in England:

<https://www.ons.gov.uk/releases/subnationalpopulationprojectionsforengland2018based>

8.5 Reablement

		19-20 Plan	19-20 Actual
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	76.6%	72.5%
	Numerator	533	444
	Denominator	696	612

21-22 Plan	Comments
69.7%	19-20 figures were provided by the BCF with this template. 20/21 figures were supplied via local intelligence team and suggested approach is to maintain 20/21 performance figure which given expected pressures continues to represent a challenging ambition
405	
581	

Please set out the overall plan in the HWB area for increasing the proportion of older people who are still at home 91 days after discharge from hospital into reablement/rehabilitation, including any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric.

Please note that due to the splitting of Northamptonshire, information from previous years will not reflect the present geographies. As such, all pre-populated figures above for Northamptonshire have been combined.

For North Northamptonshire HWB and West Northamptonshire HWB, please comment on individual HWBs rather than Northamptonshire as a whole.

Better Care Fund 2021-22 Template

7. Confirmation of Planning Requirements

Selected Health and Wellbeing Board:

Surrey

Theme	Code	Planning Requirement	Key considerations for meeting the planning requirement These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR)	Confirmed through	Please confirm whether your BCF plan meets the Planning Requirement?	Please note any supporting documents referred to and relevant page numbers to assist the assurers	Where the Planning requirement is not met, please note the actions in place towards meeting the requirement	Where the Planning requirement is not met, please note the anticipated timeframe for meeting it
NC1: Jointly agreed plan	PR1	A jointly developed and agreed plan that all parties sign up to	<p>Has a plan; jointly developed and agreed between CCG(s) and LA; been submitted?</p> <p>Has the HWB approved the plan/delegated approval pending its next meeting?</p> <p>Have local partners, including providers, VCS representatives and local authority service leads (including housing and DFG leads) been involved in the development of the plan?</p> <p>Where the narrative section of the plan has been agreed across more than one HWB, have individual income, expenditure and metric sections of the plan been submitted for each HWB concerned?</p>	<p>Cover sheet</p> <p>Cover sheet</p> <p>Narrative plan</p> <p>Validation of submitted plans</p>	Yes	Following input from Health and social care colleagues the Plan has been reviewed and agreed by placed based Local Joint Commissioning Groups, the Surrey-wide Health and social care commissioning collaborative and has been		
	PR2	A clear narrative for the integration of health and social care	<p>Is there a narrative plan for the HWB that describes the approach to delivering integrated health and social care that describes:</p> <ul style="list-style-type: none"> How the area will continue to implement a joined-up approach to integrated, person-centred services across health, care, housing and wider public services locally. The approach to collaborative commissioning The overarching approach to support people to remain independent at home, and how BCF funding will be used to support this. <p>How the plan will contribute to reducing health inequalities and inequalities for people with protected characteristics? This should include</p> <ul style="list-style-type: none"> How equality impacts of the local BCF plan have been considered, Changes to local priorities related to health inequality and equality, including as a result of the COVID 19 pandemic, and how activities in the BCF plan will address these 	Narrative plan assurance	Yes	Narrative plan p 6-9		
	PR3	A strategic, joined up plan for DFG spending	<p>Is there confirmation that use of DFG has been agreed with housing authorities?</p> <ul style="list-style-type: none"> Does the narrative set out a strategic approach to using housing support, including use of DFG funding that supports independence at home? In two tier areas, has: <ul style="list-style-type: none"> Agreement been reached on the amount of DFG funding to be passed to district councils to cover statutory Disabled Facilities Grants? or The funding been passed in its entirety to district councils? 	<p>Narrative plan</p> <p>Confirmation sheet</p>	Yes	Narrative plan p 13		
NC2: Social Care Maintenance	PR4	A demonstration of how the area will maintain the level of spending on social care services from the CCG minimum contribution to the fund in line with the uplift in the overall contribution	Does the total spend from the CCG minimum contribution on social care match or exceed the minimum required contribution (auto-validated on the planning template)?	Auto-validated on the planning template	Yes			
NC3: NHS commissioned Out of Hospital Services	PR5	Has the area committed to spend at equal to or above the minimum allocation for NHS commissioned out of hospital services from the CCG minimum BCF contribution?	Does the total spend from the CCG minimum contribution on non-acute, NHS commissioned care exceed the minimum ringfence (auto-validated on the planning template)?	Auto-validated on the planning template	Yes			
NC4: Plan for improving outcomes for people being discharged from hospital	PR6	Is there an agreed approach to support safe and timely discharge from hospital and continuing to embed a home first approach?	<ul style="list-style-type: none"> Does the BCF plan demonstrate an agreed approach to commissioning services to support discharge and home first including: <ul style="list-style-type: none"> support for safe and timely discharge, and implementation of home first? Does the expenditure plan detail how expenditure from BCF funding sources supports this approach through the financial year? Is there confirmation that plans for discharge have been developed and agreed with Hospital Trusts? 	<p>Narrative plan assurance</p> <p>Expenditure tab</p> <p>Narrative plan</p>	Yes	Narrative plan p 3, 13		

Agreed expenditure plan for all elements of the BCF	PR7	Is there a confirmation that the components of the Better Care Fund pool that are earmarked for a purpose are being planned to be used for that purpose?	<ul style="list-style-type: none"> Do expenditure plans for each element of the BCF pool match the funding inputs? (auto-validated) Is there confirmation that the use of grant funding is in line with the relevant grant conditions? (see paragraphs 32 – 43 of Planning Requirements) (tick-box) Has funding for the following from the CCG contribution been identified for the area: <ul style="list-style-type: none"> Implementation of Care Act duties? Funding dedicated to carer-specific support? Reablement? 	Expenditure tab Expenditure plans and confirmation sheet Narrative plans and confirmation sheet	Yes	Narrative plan p 7,8, 13 Narrative plan 6,7,8,11,12		
Metrics	PR8	Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?	<ul style="list-style-type: none"> Have stretching metrics been agreed locally for all BCF metrics? Is there a clear narrative for each metric describing the approach locally to meeting the ambition set for that metric, including how BCF expenditure will support performance against each metric? Are ambitions across hospital trusts and HWBs for reducing the proportion of inpatients that have been in hospital for 21 days aligned, and is this set out in the rationale? Have hospital trusts and HWBs developed and agreed plans jointly for reducing the proportion of inpatients that have been in hospital for 14 days or more and 21 days or more? 	Metrics tab	Yes	Yes, engagement with local partners suggest broad alignment however timescale provided for provision of plan has not allowed full engagement with all partners and trusts		

1. Executive Summary

Surrey's three strategic priorities for the Better Care Fund continue to be:

- Enabling people to stay well - maximising independence and wellbeing through prevention and early intervention for people at risk of being unable to manage their physical health, mental health and social care needs
- Enabling people to stay at home - integrated care delivered seven days a week through enhanced primary and community services which are safe and effective and increase public confidence to remain out of hospital or residential/nursing care
- Enabling people to return home sooner from hospital - excellent hospital care and post-hospital support for people with acute, specialist or complex needs supported by a proactive discharge system which enables a prompt return home

Alongside ongoing investment in existing BCF Schemes, examples of newly BCF Surrey-wide and local place-based funded activity for 2021 – 2022 includes:

- Across Surrey £1,000,000 for Discharge to Assess staffing
- £500,000 to support the Surrey All Age Autism Strategy
- Local area-based investment in:
 - Autism Friendly Communities - providing support to communities in Surrey to be inclusive of people with Autism
 - Falls Prevention Packs supporting people to stay well at home
 - GP based in A&E to help reduce avoidable admissions
 - Safe and Settled service – supporting discharge from Hospital where low-level support is required
 - Community Discharge Nurse – planning discharge to community settings
 - In East Surrey, the Growing Health Together programme will aim to engage local communities with over 15 social and health projects and additional GP support jointly funded by each PCN. Each PCN will be working on different initiatives that reflect the needs and priorities of their individual communities
 - Community capacity to support referrals from social prescribers and health and wellbeing coaches in Surrey Heath
 - New roles supporting hospital discharge and flow in Surrey Heath
 - Commitment to support homelessness case worker in Surrey Heath

In Surrey, as nationally, Covid-19 has further exposed some of the health and wider inequalities that persist in our populations. Surrey's Health and Wellbeing Strategy has been refreshed to include a strengthened focus on health inequalities. This is reflected in work developing across system partners to better target and reduce health inequalities. Surrey's Better Care Fund Plan for 2021 - 2022 contains a number of schemes that focus on addressing health inequalities and, through regular review, we will continue to develop its support for the ambitions and priorities of the Health and Wellbeing Board.

2. Introduction and Involvement of Stakeholders

Surrey Health and Wellbeing Board covers the geography of a complex health and care system. Surrey has one county council, two CCGs, eleven district and borough councils, five acute hospital trusts, one mental health trust, multiple community care providers and well over 120 GP surgeries. In addition, there are a wide range of other providers, including voluntary and community organisations that deliver essential health and care services to Surrey residents.

The two ICS footprints covered within Surrey's Health and Wellbeing Board are:

- Frimley Health and Care - covering the geographic areas of Ash, Farnham and Surrey Heath (excepting Chobham and West End which are covered by Surrey Heartlands)
- Surrey Heartlands - covering the geographic areas of East Surrey, Guildford and Waverley, North West Surrey and Surrey Downs

The Better Care Fund in Surrey has local commissioning arrangements that operate through Local Joint Commissioning Groups (LJCG). As with previous plans, the Surrey 2021 – 2022 BCF plan continues to have input from the LJCGs, Surrey Heartlands CCG, Frimley CCG and Surrey County Council partners. It takes into consideration relevant ambitions and strategies across Surrey, including Urgent Care and Emergency Care Plans.

BCF projects are aligned to the Surrey-wide BCF priorities and local plans, including the county's Health and Wellbeing Strategy, local District & Borough Council strategies, ASC commissioning intentions, and NHS Long-term Plan priorities.

All LJCGs include core membership from the CCG and Surrey County Council. LJCGs each develop their approach to engagement on plans and activity with partners at a place-based level and these include relevant local VCS and District and Borough Councils. Many also have representation from relevant local A&E delivery boards or are developing links via relevant governance routes.

Examples of this local place-based approach include:

- **Guildford and Waverly LJCG** meets monthly. Wider partners, including the two Borough Councils, attend on a quarterly basis. Commissioning actively involves VCS organisations and supports with applications for BCF. Outcomes of BCF-funded schemes are shared through forums such as the Local A&E Delivery Board (LAEDB) and the Alliance Finance and Assurance Committees to ensure partners are aware of the plan.
- **Surrey Downs and East Surrey LJCG** have regular meetings with Districts and Boroughs. This discussion shapes commissioning decisions and has led to the adoption of an outcomes framework that brings together the strategic commitments published in strategy documents. Key members of the LJCG regularly engage with local stakeholders both through officially contracted services and via local forums including area network meetings. At a wider place-based level, East Surrey is working closely with an external organisation to facilitate the development of a strong, effective, place-based partnership. This includes engagement with local residents, VCS, and other statutory and local service providers.
- The **Surrey Heath LJCG** meets bi-monthly with core members from SCC, Surrey Heath Borough, Public Health and Surrey Heath CCG staff. Through this forum, engagement with wider stakeholder groups is organised using other partnership meetings or through invitation for specific items to the LJCG. The priorities for the local BCF activities are informed by discussions in these wider partnership meeting. Within Surrey Heath there has been a recent focus on strengthening the involvement of the Borough Council as a core

member of the LJCG. Benefits are already being seen in terms of better understanding of the opportunities around the Disabled Facilities Grant and greater integration around particular local population cohorts, for example those who are homeless. Senior Borough representatives are attending all bi-monthly meetings and significantly adding to the quality and effectiveness of joint planning, delivery and decision-making.

North West Surrey meet monthly with all key partners as an Alliance Board. This is a formal place-based partnership that includes four District and Boroughs, Voluntary Sector, NHS providers and commissioners. In addition, the focus on outcomes required from the BCF are managed through the **Local Joint Commissioning group** where opportunities to be innovative (maximising the use of the voluntary sector and developing relationships with Housing, and housing improvement agencies for the use of DFG) are explored and actioned. Avoiding unnecessary hospital admissions and supporting discharge by the use of District and Borough Discharge Officers is making a difference especially for patients on pathway 0.

As mentioned, our place-based arrangements are supported by individual A&E Delivery Boards that are coordinated through the Integrated Care partnership (ICP) Urgent Care Board. As part of our Urgent Care 10 Point Plan, we have focused the governance arrangements to support patients across the system, including through daily 'Gold Calls' to ensure support for specific areas (where required) through mutual aid. This allows for additional attention and aid to be given to areas who may require support in areas such as critical care and length of stay. The BCF and its commissioned services have been integral to this work.

Finally, the 2021/22 Better Care Fund plan is shared with Surrey's Health and Wellbeing Board for approval and discussion of future pro-active planning opportunities. The Board's membership includes representatives from Surrey County Council, place-based partnerships, ICSs, CCGs, District and Boroughs, HealthWatch Surrey, the VCS, the University of Surrey and the Police and Probation services.

3. Governance

The Better Care Fund in Surrey has local commissioning arrangements. Seven Local Joint Commissioning Groups (LJCGs) provide a joint commissioning framework for the delivery and implementation of the BCF Plan enabling locally relevant placed-based decisions.

Each LJCG meets and oversees the delivery of Surrey-wide initiatives such as the Handyman Scheme, Community Equipment and Carers services to ensure that they are tailored appropriately for their Place. The LJCG also oversees the delivery of local initiatives. The remit of LJCGs includes oversight of the performance of schemes.

The Surrey-wide Strategic Health and Care Commissioning Collaborative maintains oversight of the quarterly reporting submissions and Better Care Fund plans to NHS England and can request deep dives into BCF performance as required, particularly with regard to countywide commissioned schemes.

Additional audits are undertaken through SCC's Internal Audit Team with recommendations complementing the above. Previous audits have looked at governance, performance reporting and monitoring arrangements.

The Surrey Commissioning Committee-in-Common (which includes necessary delegated authority) oversees the development of the Surrey-wide integrated commissioning governance between Surrey County Council and the Clinical Commissioning Group Governing Bodies meaning this also has the local Better Care Fund within its scope.

As set out within planning requirements, Surrey's Health and Wellbeing Board signs off the final plan as it aligns to, and is an important contributor for, achieving the priorities within the Health and Wellbeing Strategy. This is a ten-year strategy first published in 2019 and was the result of extensive collaboration between the NHS, Surrey County Council, District and Borough Councils and wider partners, including the Voluntary and Community Sector and the Police. This engagement has been used for and continues to be considered in the shaping of local BCF programmes.

In 2021/22, to reflect the impact of the pandemic, the Health and Wellbeing Strategy and priorities have been refreshed to strengthen the focus on health inequalities during COVID recovery and also provide a greater focus on the wider determinants of health. This has also included an enhanced understanding and definition of priority populations of identity, alongside those based on geographies with the highest levels of deprivation.

The Health and Wellbeing Strategy now sets out how different partners across Surrey work together with local communities to transform services to achieve these aims, focused around three key priorities:

- Priority one: Supporting people in Surrey to lead healthy lives
- Priority two: Supporting the mental health and emotional wellbeing of people in Surrey
- Priority three: Supporting people in Surrey to fulfil their potential by addressing the wider determinants of health

To support this renewed focus, a strong link is also forming locally with the growing 'Empowered and Thriving Communities' agenda. This is due to the aspiration agreed in the refreshed strategy for the Health and Wellbeing Board to enable more community-led interventions to reduce health inequalities. Whilst only recently agreed, BCF governance and forums will be essential in taking

forward this renewed focus and the work to narrow the gap in health outcomes within the county. The health inequalities agenda within the Health and Wellbeing Strategy is covered more comprehensively later in this narrative plan.

4. Overall Approach to Integration

Surrey's three strategic priorities for the Better Care Fund continue to be:

- Enabling people to stay well - maximising independence and wellbeing through prevention and early intervention for people at risk of being unable to manage their physical health, mental health and social care needs
- Enabling people to stay at home - integrated care delivered seven days a week through enhanced primary and community services which are safe and effective and increase public confidence to remain out of hospital or residential/nursing care
- Enabling people to return home sooner from hospital - excellent hospital care and post-hospital support for people with acute, specialist or complex needs supported by a proactive discharge system which enables a prompt return home

Integrated working is a key theme across Surrey and is integral to our ongoing response to mitigating demand and supporting earlier intervention and prevention. This wider approach incorporates addressing pressures, including those particularly seen during winter months. Integrating care is also an important way in which we are wrapping care around the person to ensure the support and services that meet their needs are joined-up.

Across the county, there has been a focus on the development of integrated services. This started with services for older people but we are now enhancing the integration in services for working age adults too. Work is continuing to build on and extend the remit of existing Integrated Care Teams that include community health, social care, voluntary organisations and primary care. These teams are based on the principles of: people receiving person-centred care based on their needs; users only telling their story once and care coordinated around the person. Social care, community health and the wider team continue to work together to deliver services to keep people out of hospital and to return them home as quickly as possibly following an acute admission.

Alongside this system-wide work, place-based approaches ensure service delivery is tailored to local populations. Locally, through developing Place-Based Partnerships and LJCGs, stronger partnerships continue to develop between health, social care and VCFS groups.

In our 2020/2021 BCF end of year return, we reported how established relationships through the Local Joint Commissioning Groups aided effective joint-working and decision-making from the beginning of the COVID – 19 pandemic and this has continued in 2021/22. The Groups gave transparency and governance to decisions that needed to be made quickly and aided some of the very challenging issues to be addressed and resolved.

Strengths-based, person-centred care remains at the heart of service delivery in Surrey and is an essential way in which we are supporting residents to lead more independent lives and not rely on long-term support services. The aim is to support people in their own homes, providing reablement/rehabilitation and short-term services that maximise independence.

Whether on a county-wide basis, an Integrated Care System footprint, a Place-Based Partnership level or through local Primary Care Networks, Surrey's Better Care Fund continues to be used to drive organisations to work across boundaries to deliver outcomes for Surrey residents. All BCF partners are fully engaged with delivering joint objectives across all service delivery systems and within all partner contract management processes. A strategic approach to service delivery is promoted via Local joint Commissioning Groups and reflected within local plans which reflect the developing local Health and Wellbeing Strategy. Individual BCF service contracts ensure patient

choice is at the heart of service delivery and contract reviews ensure KPIs reflect patient engagement with services.

The key actions that are being undertaken across Surrey for 21/22 to embed person-centred, integrated care models are:

- Putting the organisational infrastructure in place so that partners can join up to tackle the wider determinants of health (for example housing).
- Implementing an effective Information and Advice Service to help residents to navigate the health and care system.
- Ensuring providers are working together across the system to develop person-centred workforce planning and relevant training. Across the system, our staff are being trained in trauma-informed and strengths-based approaches to care.
- Risk stratification tools in place to ensure proactive case finding is becoming more commonplace for better targeting and prioritisation of patients using data and intelligence.
- Ensuring proactive/anticipatory care planning is more joined up.
- Integrating Intermediate Care between the NHS community services and Local Authority Reablement Service as a component of community-based care models.
- Investing in appropriate technology in care and digital solutions that drive integration and offer greater independence for patients.
- Embedding joint leadership roles. For instance, Surrey Heath's joint leadership roles across health and social care and their 'one team approach' are helping to secure an integrated approach to improving outcomes for people being discharged from hospital.
- Joint client assessments are being put in place. As an example, clinics between Occupational Therapists and Council Grants Officers are allowing client clinical needs to be assessed while also providing early guidance on financial eligibility for DFG or other assistance.
- Admission avoidance schemes are being successfully linked up, for instance frailty programmes and falls prevention work.
- We are strengthening our strategic approach to key issues and initiatives such as Social Prescription and Community Inclusion. Approaches have developed over time in each locality, however there is scope to focus to a greater extent on addressing inequalities in health, early intervention, the prevention of hospital admissions and facilitating discharge while remaining tailored to local need.
- Taking an alliance approach to delivery that capitalises on strengths across the system. For instance, the new children's Emotional Wellbeing and Mental Health Service launched in April 2021 and is delivered through an alliance of NHS and third sector providers.
- Integrated MDT approaches are being used to target and review patients proactively identified as most at risk of crisis. By the end of the year, across Surrey Heath and Farnham, a digital hub will be in place for professionals across the system to case manage and monitor MDT patients.

To support continued development of successful joint commissioning across Surrey, key strategies are co-produced with joint priorities articulated that form the basis for commissioning decisions. This year, Surrey County Council has been working with NHS and wider system colleagues to develop a Commissioning Strategy for Older People which sets out our ambitions to 2030. In addition, our Surrey Carers Strategy 2021-2024 was launched in September 2021 and will ensure Surrey is a place where carers are recognised, valued and supported. Our aim is that across Surrey, carers are respected as partners in care who have a strong voice that influences improvement and how we work together across the system.

We are also currently co-producing a Physical and Sensory Disabilities Strategy. This will respond to feedback from people across Surrey and from practitioners in social care that care pathways need to be reviewed and customer journeys improved. The Strategy stresses the need for choice and control and for personalisation, facilitated by a greater uptake of direct payments. Joint commissioning decisions going forward will reflect these priorities.

Joint commissioning across Surrey is being supported by the development of local clinical networks where expertise is shared and pooled. Currently in Surrey, Primary Care Mental Health services are strengthening local clinical networks between GPs, social care professionals and mental health professionals.

We recognise the importance of Direct Payments as a tool for facilitating greater independence, choice and control for Adult Social Care (ASC) users. We are therefore currently co-producing with our key stakeholders a Direct Payments Strategy, with the overarching aim of increasing take-up. Workstreams in the delivery plan will include streamlining the customer journey from considering DP as an option to accessing support. This will require streamlined care pathways and is interwoven with our commitment to strength-based practice.

Our strategic approach to Community Inclusion is currently under review. We recognise that our offer and range of preventative initiatives makes an important contribution to the extent to which individuals are able to lead meaningful, engaging lives. A range of options are being developed that will facilitate users to access the appropriate level of support that reflects their potential independence, including their skills, abilities and aspirations. Across many services we are looking to engage individuals with active communities through targeted projects focused on preventing diabetes, increasing physical activity, reducing social isolation via befriending, and wellbeing services that tackle non-clinical issues impacting on an individual's health. These all strongly reflect the preventative nature of the three Health and Wellbeing Strategy priorities.

In Surrey East and Surrey Downs LJCGs, a specific initiative that demonstrates how the LJCG is using the BCF to embed integrated approaches to the prevention agenda is the Growing Health Together project. This project supports the adoption of preventative and proactive care in local communities by linking GPs and other healthcare professionals with their local communities to create sustainable, healthy communities. The BCF also supports links between acute services and community services in Surrey East and Surrey Downs by the funding of an acute-based Occupational Therapist linking with Social Care, Community and acute OT Teams.

In Farnham the BCF funds posts such as a Reablement Team Leader, a Reablement Support worker and a Rehab Support worker. All these roles are supporting the Intermediate Care teams and facilitating the further integration between health and care. The focus is on admission avoidance and supporting discharge. Also, within the Farnham area, the tackling loneliness project has brought together health, social care and the voluntary sector to support specific groups of people with isolation. This has included working with the Town Council as well as the PCN.

Support for carers that enables maintenance of their own health and wellbeing is funded largely by the BCF. There are Surrey-wide contracts that report to each of the LJCGs to ensure appropriate tailoring for each place. This year the specifications for these services have been significantly refreshed ahead of an open procurement exercise for a new suite of contracts commencing in April 2022.

Working in partnership with Guildford and Waverley place-based partnership and Procure (on behalf of the four PCNs), a more joined-up approach has been reached with social prescribing, in line with

the NHS's directive to work in partnership with Local Authorities. There is now one specification, joint contract monitoring and shared outcomes covering BCF and PCN.

Within Surrey Heath and Farnham, there is a strong focus on giving people and communities more control and a greater voice in helping to deliver the priorities of the BCF. Housing, DFG and associated services continue to optimise their impact on the three BCF priority areas. This includes a recurrent commitment to jointly fund a homelessness case worker in Surrey Heath.

Looking forward, whilst not currently directly funded by the BCF, new approaches such as those being developed through use of the money awarded to Surrey through the successful Changing Futures bid are also being discussed by local joint commissioning groups. This will help us to better understand potential alignment with future BCF planning. The Changing Futures Programme is a three-year stream of funding secured by Surrey partners to improve how the system functions to better support those experiencing multiple disadvantage in Surrey. There is a clear link with both the local BCF priorities, and the multiple partners involved in the Health and Wellbeing Board and Strategy.

5. Supporting Discharge (national condition four)

Supporting people home from hospital is a key feature of Surrey's BCF plan and has been a feature of integrated working in Surrey since before the introduction of the Better Care Fund. Surrey is committed to continuous improvement in managing transfers of care and has built local plans to address areas for development.

BCF funding actively supports safe, timely and effective discharge from hospital with a range of provision supporting individuals across all discharge pathways. We have been strengthening our approach to supporting patients to be discharged from hospital successfully and to achieve good outcomes with many different initiatives in Surrey.

Across the county, prevention and self-management is taking place using a strengths-based approach which recognises the assets of the individual. We continue to place emphasis on personalised care across the system. This is being complemented by our strong personal budget offer in Surrey. Social prescribing services are working with people to develop tailored plans and connect them to local groups and support services.

To support successful discharge, across the county there is improved access to urgent and planned primary care, through extended hours and e-consultation. Supported discharge from acute hospital setting is taking place using in-reach, discharge to assess and step-up/down services. In addition, countywide stroke support services for patients on 'supported discharge' continue to be commissioned to prevent readmission. Post-acute patients are referred to Stroke Support Workers before discharge and arrangements are made for follow-up when the person is at home.

Within this year's Better Care Fund £1,000,000 is allocated to staffing for D2A. In Surrey, our Discharge to Recover and Assess (D2A) scheme is a key way in which we will be trying to support people to go to their usual place of residence from hospital and to be ready for discharge as soon as possible in the same day. We want our Discharge to Recover and Assess scheme to enable individuals to receive care and support out of hospital before being assessed for long-term needs. This means that they can be assessed over a period of time and at the right time and in the right place. This increases opportunities for independence. The D2A scheme in Surrey is ensuring people leave hospital with a package of care in their own home rather than entering more formalised care arrangements such as residential and nursing care.

Learning from the D2A approach has also highlighted the risks of social care placements being made at pace without the necessary infrastructure in place locally and County-wide to make these placements in a considered and appropriate manner. We intend to use this learning locally by enhancing community wrap-around support to help people settle back in their homes following discharge and by continuing to build on our offer of patient transport, home from hospital, home adaptations and short-term support.

A key tenet of D2A is effective integrated working between partners in health and social care in Surrey. We are strengthening this by developing plans to grow our therapeutic and wrap - around support offer to ensure that people coming out of hospital are supported to recover and rehabilitate without having to rely on long-term support where possible.

Across all LJCGs there is a focus on enabling people to return home soon from hospital and remain well at home as set out in our county-wide ambitions for the BCF.

Within this year's BCF, a number of programmes and schemes are being implemented and developed with the aim of reducing delays and supporting timely discharge, without increasing admissions:

- The Handypersons Service to help patients remain safe at home preventing admission and supporting patients post-discharge.
- BCF funded Community Equipment Services will continue to enable quicker discharge from hospital so that people can live comfortably at home. We have increased the budget and resources into this area.
- Home from hospital schemes to support people with low-level needs to return safely to home from hospital such as The British Red Cross Independent Living Service and other local Safe and Settle Schemes. These aim to prevent readmissions and support people to settle back at home with effective reablement.
- Investment in Adult social care and CHC assessment capacity.
- Investment in staff roles that support discharge and prevent admission. In Guildford and Waverly, the BCF supports a jointly-funded administrative post to assist with the discharge hub and funds a GP in A&E to help prevent admissions. In Surrey Heath there has been investment in Increased Physiotherapy capacity to support discharges.
- Hoppa Bus – a dedicated service taking residents to Royal Surrey County Hospital and all other health facilities between Haslemere and Guildford.
- BCF supports additional home care resource to enable early and safe discharge to individual's homes with a reablement approach to increase independence. Further information is set out below.
- BCF funding is supporting Technology Enabled Care Services which are currently in phase 2 of a pilot.
- Within East Surrey, the need for further development of services to support timely discharge from hospital and reduce length of stay is recognised. Partners are therefore developing plans for an Integrated Discharge Home to Recover Service which will support people to return home with short-term care and multi-disciplinary wrap around support. As part of this approach, new integrated approaches to recruitment are being explored and we will use the learning to develop a future sustainable model. This work will report into the A and E Delivery Board as well as the East Surrey Health and Care Partnership Board.

Surrey's Better Care Fund continues to invest in the Reablement workforce and Integrated Intermediate Care Teams to best support timely discharge from hospital. This is a key element in enabling people to live in their own homes, and in assisting people in the transition from hospital to home following treatment.

Over the past year, we have been developing a new model of reablement in Surrey based on a therapy-led approach, which is an investment in Occupational Therapists. The transformation of reablement was initiated by the Practice Improvement Programme and is continuing under a new programme, Care Pathways.

This has begun to improve client outcomes and promote a strengths-based approach. The aim is to reduce the need for ongoing services and create an improved quality of life for clients and greater independence. SCC's focus on proactive and preventative interventions includes active engagement with technology-enabled care.

As part of Surrey's transformation project and implementation of a therapy-led reablement model, SCC is working collaboratively with home-based care providers to deliver a short-term period of

strength-based, reablement-focused care to residents. The SCC Reablement Service is a key part of this system. Individuals receive personalised skills-gains programmes within their own homes for up to a maximum of six weeks. This helps prevent hospital admissions and supports hospital discharge.

The purpose of the Reablement Transformation Project is to develop an in-house reablement service to support people within the community by:

- Reviewing the reablement organisational structure, developing and embedding a therapy-led offer, and increasing capacity through recruitment.
- Developing the workforce by delivering a strengths-based practice approach and upskilling staff to further promote independence.
- Digital transformation within the in-house Reablement Service, including staff management system and care management.
- Collaborative Reablement Service: in-house Reablement Service and domiciliary services working together to increase the reablement offer.
- Work with the Technology Enabled Care project to roll-out reablement initiatives
- Develop an integrated and specialist offer of reablement for Learning Disabilities and Autism and Mental Health.

Surrey County Council (SCC) recognises that to be healthy and well, with dignity and independence and to remain in your own home can prove more challenging for some than others but wants this to be the aspiration for all residents living in Surrey.

6. Disabled Facilities Grant (DFG) and Wider Services

In Surrey, DFG funding is pooled and cascaded to the eleven District and Borough Councils in line with national guidance, with discussions in each locality to agree the use of the funds

The DFG is at the heart of the housing assistance services offered by local Councils and is the core mechanism by which most authorities are able to improve the housing conditions and promote independence of people with disabilities or care needs. This includes adaptations such as level access showers to allow safer and more independent bathing, stair lifts to facilitate safe access around the home and ramps to provide easier access in and out of properties. These simple adaptations can make an enormous difference to the lives of those with disabilities or care needs, as well as their families.

The strategic approach to use of the DFG is coordinated via the Surrey Equipment and Adaptations Steering Group. It includes representatives from the eleven Districts and Boroughs, as well as Surrey County Council and Clinical Commissioning Groups, and meets quarterly. The Group is designed to act as a forum for agencies involved with equipment and adaptations in Surrey to discuss and plan opportunities for increased efficiencies and effectiveness of the Home Improvement Agencies and Handyperson Services, including their links to Health and Social Care.

The membership of the Steering Group promotes closer links and more effective partnership working with social care teams. This creates a greater scope for mutual understanding of service user needs and how they can be met.

Further strategic partnership development has taken place between the County and District Councils following a review of the local Handyperson Services provided within each locality. The review has welcomed input from the local providers to understand:

- Criteria for access to service
- Relationship with the DFG
- Outcomes captured and recorded

The review has been a success with thorough engagement from the Surrey Equipment and Adaptations Steering Group to drive continuous improvement and share best practice across the county. It has been evidenced that this service is supported financially both by the local providers' investment and the DFG and the BCF. The County Council (as a commissioner of the service for the BCF provision) has drafted a new service specification to be agreed at the local BCF forums to provide clear expectations for delivery, eligible individuals, and primary outcomes to focus on and measure success.

Another example of the integration between Housing Adaptations Services and Social Care is the Surrey-wide agreement currently in place on the Community Equipment Service (CES). The CES provides clients with items of equipment or simple adaptations such as ramps and handrails and is free to the client. The CES is a jointly commissioned service between Surrey County Council and Surrey Health Partners. It provides access to a catalogue of equipment for over 1000 clinicians from the partners' operational teams in the community, community hospitals and acute hospitals.

The primary purposes of the CES is to:

- Promote independence, reablement and meet long-term need.
- Delay increases to care needs
- Avoid hospital admissions and admission to care establishments
- Facilitate hospital discharges

- Support with palliative care

Use of the DFG at place is also discussed at LJCGs. Examples of this approach include:

- Quarterly meetings with Districts and Boroughs to discuss DFG.
- Occupational Therapists are involved with ensuring provision is reasonable and appropriate.
- Boroughs work closely together on their approach to ensure consistency and best use of resources.
- Local prioritisation of greater partnership working between health, care and housing to ensure all opportunities are realised to support people in their own homes. This includes (in some areas) senior managers in the Borough Council who are operationally responsible for housing services and the DFG, being core members of the LJCG.

7. Equality and Health Inequalities

System response to addressing Health Inequalities:

In Surrey, as nationally, Covid-19 has further exposed some of the health and wider inequalities that persist in our populations.

In 2020, a COVID Community Impact Assessment (CIA) was carried out in Surrey. This found that it is likely that the pandemic has had a disproportionately negative impact on certain groups of residents. It identified 10 vulnerable groups with pre-existing vulnerabilities at a greater risk of mortality from Covid-19 and a series of 'Rapid Needs Assessments' were then carried out to understand the impact the pandemic has had on each of these groups. The 10 vulnerable groups identified were: people with long-term physical health conditions, Care Home residents & families, Black, Asian and Minority Groups, people with mental health conditions, people experiencing domestic abuse, children with Special Education Needs and Disabilities, people with drug or alcohol problems, the Gypsy Roma Traveller Community, young people out of work and people experiencing homelessness¹. These have been adopted as Priority Populations of Identity in the refreshed Health and Wellbeing Strategy. Going forward, we will look at how local programmes are targeting activity to ensure a focus on reducing health inequalities within one or more of these groups.

Some of the impacts identified within the CIA that particularly relate to BCF-funded programmes include:

- The health impacts have been felt the most in areas with higher numbers of over 80s and care homes.
- Residents living in residential care homes have felt more isolated.
- People from Black, Asian and Minority Ethnic (BAME) communities have struggled to access support.
- Lockdown has impacted many residents' mental health.
- The pandemic had significant impacts on those already using mental health services.

Our local Integrated Care Systems have both adopted a further focus on inclusively supporting those in greatest need through working with communities and across the NHS, Local Authorities, and other partners. In Surrey Heartlands, the Equality and Health Inequality Workstream has combined with the 'Turning the Tide' Board to consider both the outcome of the Health and Wellbeing Board's Community Impact Assessments and the issue of equality and health inequalities for our citizens and patients but also the workforce that supports this care. The role of the new Equality and Health Inequalities Board is to respond to the immediate disproportionate effects of Covid-19 on our populations that are alluded to in the RNAs (e.g. Black, Asian and Minority Ethnic communities) but also to focus on our response to the NHS Operational Planning Guidance which outlines five priority areas for tackling health inequalities.

Following on from this, an Insight and Analytic Task and Finish Group has developed an internal Health Inequalities Dashboard, looking at 51 indicators which are soon to be expanded upon to consider elements related to waiting times, diagnostics, and referral rates for BAME, Sex, Deprivation, LD and SMI. The Task and Finish Group has focused on ensuring that there is equity of access within the system across elective and non-elective care. It has reviewed the data that has been gathered and then focused its work on potential areas of concern. Where relevant this will consider and include the

¹ [Impact of Covid-19 on our Communities – Surrey-i \(surreyi.gov.uk\)](https://www.surreyi.gov.uk)

data made available on BCF metrics that includes ethnicity and age information to support analysis and response across the system.

Key to this work on health inequalities is our need for continued and greater engagement with communities and the third sector which is represented in the refreshed Health and Wellbeing Strategy.

In the context of Frimley Health and Care Integrated Care System, the Local Plan ambitions include reducing inequalities. A range of insights have been gathered to identify specific cohort groups across communities where further action is needed. This work cuts across all areas of the ICS plans including elective recovery, mental health transformation and community redesign.

Locally, within areas such as the Frimley ICS, population health management approaches, data segmentation and risk stratification have been used to provide insight into those facing the greatest health inequalities and/or with the most complex needs that would benefit from local, targeted, personalised and multidisciplinary support.

This also involves work with Voluntary and Local Government partners to reach minority communities whose access has been most affected by Covid and/or the shift towards digital contact and to detail plans to mitigate the risk of digital exclusion. Frimley ICS will be strengthening leadership in this area with the appointment of a system lead for equality, diversity and inclusion who will sit on the ICS Partnership Board.

The rationale for the refresh of Surrey's Health and Wellbeing Strategy – as set out in the Governance section – is to address the impact of COVID on health inequalities. It has been agreed that the existing overarching ambition that 'No-one is left behind' be more obviously emphasised and linked specifically to a reduction in health inequalities – 'Reducing health inequalities so no-one is left behind'. This incorporates the action outlined above and ensures it links with the work happening within the wider determinants of health to also reduce health inequalities.

The Population Intervention Triangle (PHE, 2017) was adopted to guide strategy implementation, and this has subsequently been adapted to reflect Surrey's aspirations for community-led interventions that can reduce health inequalities. An updated list of priority populations for the strategy has been developed based on the 2020 CIA. The refreshed strategy also sets out an enhanced collaborative effort to work creatively with those communities in the geographic areas of deprivation with the poorest health outcomes and establishes a system-wide adoption of a Health in All Policies approach.

How the BCF tackles health inequalities in Surrey:

When developing BCF plans, LJCGs take into consideration strategic commitments to reduce health inequalities in relevant place-based plans, ICS operational plans, District and Borough and Surrey County Council strategies.

Rather than an overarching Equalities Impact Assessment being in place for the high-level BCF plan, all commissioned programmes locally (including those in the BCF) include specific Equality Impact Assessments to not only ensure compliance with the Equality Act 2010 but more importantly ensure all opportunities for access for those with protected characteristics are maximised.

Specific examples of how the BCF in Surrey contributes to programmes to reduce health inequalities and promote equality include:

- Investment to support Surrey's All Age Autism Strategy. Surrey's All-Age Autism Strategy 2021-2026 aims to improve the lives of the estimated 12,300 autistic people living in Surrey, by breaking down barriers and inequalities that autistic children, young people and adults face in education, health, social care, work and communities.
- In Farnham, The Tackling Loneliness project has brought together health, social care and the voluntary sector to support targeted groups of people who were at the highest risk of loneliness and isolation. Projects funded include: Farnham Neighbours Network, The Farnham Craft Café, Carer's Coffee Break, Men in Sheds.
- Sight for Surrey Friendship Group Grant - the grant supports Sensory Services by Sight for Surrey's specialist worker and team via the Friendship Group to identify people with combined sight and hearing loss so that they receive appropriate support to be able to communicate. This is vital if they are to maintain physical and mental health, and thus remain independent.
- Grant to Outline, a registered charity supporting people in Surrey who are Lesbian, Gay, Bisexual and Trans (LGB&T) or are questioning their sexuality or gender identity. Current service provision of a helpline and support groups delivering services for local people by local people.
- Free access to digital services for isolated individuals with provision of free equipment and data.
- In September, East Surrey LJCG approved BCF funding to pilot an Autistic Friendly Communities initiative, which is expected to reduce the demand for health and care services by enabling people to enjoy a healthy and active life within their communities. It will support the development of individual' social networks, which have a significant impact on health and prevent unnecessary hospital admissions. Social networks have been shown to be as powerful predictors of mortality as common lifestyle and clinical risks.
- Developing local communities in areas of deprivation via the Growing Health Together Programme across East Surrey.
- In Surrey Heath, funding from the BCF enables targeted support to reduce inequalities, including for those with protected characteristics under the Equality Act, as part of the Whole System Obesity project. This enables people to stay well by maximising independence and wellbeing through prevention and early intervention for people at risk of being unable to manage their physical health, mental health and social care needs. There is known variation and inequalities across the community and the approach is tailored to local needs. including the needs of those people with protected characteristics
- Reablement services – Surrey County Council is endeavouring to develop an 'access to all' reablement model. This would include clients with mental health conditions, learning disabilities and autism. We are working towards this by expanding our specialist knowledge and broadening available capacity by working collaboratively with providers.
- Funding for Social Prescribing Services that are targeted to address health inequalities and the wider determinants of health by supporting people with their non-clinical needs and by connecting them to sources of help and support within local communities.

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